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Person of the Month

Jacques Lacan (1901-1981)

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Message from the Desk of Editor

It gives me immense pleasure to welcome all to explore/publish/ comment in/on our journal, The International Journal of Indian Psychology (IJIP). There are a lot of challenges which the growing psychological face in the realms of basic necessities in life. Psychological thoughts can play a very distinct role in bringing about this change. One of the key objectives of research should be its usability and application. This journal attempts to document and spark a debate on the research focused on psychological research and ideas in context of emerging geographies. The sectors could range from psychological education and improvement, mental health, environmental issues and solution, health care and medicine and psychological related areas. The key focus would however be the emerging sectors and research which discusses application and usability in social or health context.

We intended to publish case reports, review articles, with main focus on original research articles. Over objective is to reach all the psychological practitioners, who have knowledge and interest but have no time to record the interesting cases, research activities and new innovative procedures which helps us in updating our knowledge and improving our treatment.

Finally, I would like to thank RED'SHINE International Publications, Inc for this keepsake, and my editorial team, technical team, authors and well wishers, who are promoting this journals. With these words, I conclude and promise that the standards policies will be maintained. We hope that the research featured here sets up many new milestones. I look forward to make this endeavour very meaningful.

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Person of the Month: Jacques Lacan (1901-1981)

Ankit Patel[1]

Born	13 April 1901 Paris, France
Died	9 September 1981 Paris, France
Citizenship	French
Known for	Mirror phase, The Real, The Symbolic The Imaginary, Graph of desire
Fields	Psychoanalysis

Jacques Lacan, in full Jacques Marie Émile Lacan (born April 13, 1901, Paris, France—died Sept. 9, 1981, Paris) French psychoanalyst who gained an international reputation as an original interpreter of Sigmund Freud's work.

Lacan earned a medical degree in 1932 and was a practicing psychiatrist and psychoanalyst in Paris for much of his career. He helped introduce Freudian theory into France in the 1930s, but he reached prominence only after he began conducting regular seminars at the University of Paris in 1953. He acquired celebrity status in France after the publication of his essays and lectures in Écrits (1966). He founded and headed an organization called the Freudian School of Paris from 1964 until he disbanded it in 1980 for what he claimed was its failure to adhere with sufficient strictness to Freudian principles.

Lacan's avowed theoretical intention, from at least 1953, was the attempt to reformalize what he termed "the Freudian field." His substantial corpus of writings, speeches and seminars can be read as an attempt to unify and reground what are the four interlinking aspirations of Freud's theoretical writings:

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- a theory of psychoanalytic practice as a curative procedure;
- the generation of a systematic metapsychology capable of providing the basis for
- the formalization of a diagnostic heuristic of mental illness; and
- the construction of an account of the development of the "civilized" human psyche.

Lacan's failing health made it difficult for him to meet the demands of the year-long Seminars he had been delivering since the fifties, but his teaching continued into the first year of the eighties. After dissolving his School, the EFP, in January 1980, Lacan travelled to Caracas to found the Freudian Field Institute on 12 July. The Overture to the Caracas Encounter was to be Lacan's final public address. His last texts from the spring of 1981 are brief institutional documents pertaining to the newly formed Freudian Field Institute and Lacan died on 9 September 1981.

TIMELINE

1901

- Jacques-Marie-Émile Lacan is born in Paris, April 13, to a family of solid Catholic tradition. He is educated at the Collège Stanislas, a Jesuit school. He has a sister, Magdeleine-Marie and a younger brother Marc-Marie, who later becomes a Benedictine at the abbey of Hautecombe. His brother's name appears before those of his parents in his thesis dedication. After his baccalauréat he studies medicine and later psychiatry.

1927

- Starts clinical training, works at Sainte-Anne's hospital in the second section of women and in the Clinic for Mental and Encephalic Diseases directed by Professor Henri Claude. A year later he works in the Special Infirmary Service where Clérambault had a practice. Up to 1932 Lacan was involved in the Societé Neurologique, the Société de Psychiatrie and the Société Clinique de Médecine mentale, he was fully integrated in the official circles of neurology and psychiatry.

1931

- Lacan presents some of his hypotheses at the Evolution Psychiatrique and publishes the following year in the Revue française de psychanalyse his translation of Freud's "On Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality." Receives a diploma as a forensic psychiatrist. He publishes Structure des psychoses paranoïaques, Semaine des Hôpitaux de Paris, 7 July 1931.

1932

- Awarded doctorate for his thesis: De la psychose paranoïaque dans ses rapports avec la personalité, Paris: Le Français, 1932. Later though (1975) he will state that paranoid psychosis and personality are the same thing. One name stands out by its absence from the list of dedication: that of Clérambault. It was because of their differences that Lacan failed his agrégation. At that time Lacan declares that in his thesis he was against "mental automatism," Clérambault's theory.

1933

- Because of his thesis he becomes a specialist in paranoia. The richness of his text and the multiplicity of its aspects appealed to very different circles, especially the analysis of the case of Aimée make him famous with the Surrealists. Between this year and 1939, he takes Kojève's course at the Ecole Pratique des Hautes Etudes, an "Introduction to the Reading of Hegel." He publishes Motifs du crime paranoïque: le crime des soeurs Papin. Minotaure.

1934

- He is appointed doctor of the Asiles, and marries Marie-Louise Blondin, mother of Caroline, Thibaut and Sibylle. While in analysis with Rudolph Loewenstein, Lacan becomes a member of La Société Psychoanalytique de Paris (SPP). Loewenstein is one of the four training analysts of the S.P.P. His analysis ends in 1939 with Loewenstein's departure to the war.

1938

- Becomes a full member of the SPP. Lectures at the S.P.P. on De l'impulsion au complexe where he argues for a "primordial structural stage" called "stage of the fragmented body in the development of the ego." At this stage "pure drives" (la pulsion à l'état pur) would appear in states of "horror" inseparable from a "passive beatitude." To defend his thesis, he presents two cases of patients at length. He publishes La famille: Encyclopédie française, Vol. 8.

1940

- Works at Val-de-Grâce, the military hospital in Paris. During the German Occupation, he does not partake in any official activity. "For several years I have kept myself from expressing myself. The humiliation of our time under the subjugation of the enemies of human kind dissuaded me from speaking up, and following Fontenelle, I abandoned myself to the fantasy of having my hand full of truths so as to better close it on them." In "Propos sur la causalité psychique," from 1946 and published in Écrits.

1947

- In 1946, the S.P.P. resumes its activities and Lacan, with Nacht and Lagache, takes charge of training analyses and supervisory controls and plays an important theoretical and institutional role. After visiting London in 1945 he publishes La Psychiatrique anglaise et la guerre, in Evolution psychiatrique1.

1951

- The S.P.P. begins to raise the issue of Lacan's short sessions, as opposed to the standard analytical hour. Lacan argues that his technique accelerates analysis. The underlying logic is that if the unconscious itself is timeless, it makes no sense to insist upon standard sessions. Lacan defends his use of short sessions a year later in La psychanalyse, dialectique?, unpublished.

1952

- During this period of crisis at the S.P.P. (1951-52), the responsibility for the report on the 1953 conference in Rome "Fonction et champ de la parole et du langage" is assigned to Lacan. At the time he is considered to be the most productive and original theoretician of the group, all the more so because he always uses the classical terms of the Freudian orthodoxy when speaking within the S.P.P.

1953

- In his project for the statutes of the S.P.P. Lacan organizes the curriculum around four types of seminars: commentaries of the official texts (particularly Freud's), courses on controlled technique, clinical and phenomenological critique, and child analysis. A large amount of freedom of choice is left to students in training. In January Lacan is elected President of the S.P.P. Six months later he resigns to join the Société Française de Psychanalyse (S.F.P.) with D. Lagache, F. Dolto, J. Favez-Boutonier among others. (At S.F.P.'s first meeting, Lacan lectures on "Le Symbolique, l'Imaginaire et le Réel"). Nevertheless the S.F.P. is allowed to be present in Rome where Lacan delivers his report: "Fonction et champ de la parole et du langage," discourse in which, for once, remarks Lagache with humor, "he is in no way Mallarmean." On July 17 he marries Sylvia Maklès, mother of Judith. That Fall Lacan starts his seminars at the Hôpital Sainte-Anne.
- The Neurotic's Individual Myth: Psychoanalytic Quarterly, 1979.
- 1954The positive reception of the expression "the return to Freud" and of his report and discourse in Rome give Lacan the will to reelaborate all the analytical concepts. His critique of analytic literature and practice spares almost nobody. Lacan returns to Freud yet his return is a re-reading in relation with contemporary philosophy, linguistics, ethnology, biology and topology. At Sainte-Anne he held his seminars every Wednesday and presents cases of patients on Fridays.

1955

- Lacan will remain at Sainte-Anne till 1963. The first ten Seminars elaborate fundamental notions about psychoanalytic technique, the essential concepts of psychoanalysis, and even its ethics. Students give presentations yet it is the Tuesday night conferences that fed Lacan's commentaries on Wednesdays.
- Le séminaire, Livre II: Le moi dans la téorie de Freud et dans la technique de la psychanalyse, Paris: Seuil, 1978; The Seminar, Book II: The Ego in Freud's Theory and in the Technique of Psychoanalysis, 1954 - 55, New York: Norton, 1988.

1956

- "The flexibility of the S.F.P. increases Lacan's audience. Celebrities are attracted to his seminars (Hyppolite's analysis of Freud's article on Dénégation, given during the first seminar, is a well-known example). Koyré on Plato, Lévi-Strauss, Merleau-Ponty, Griaule, the ethnologist, Benvéniste among others attend his courses.

- "Fetishism: The Symbolic, The Real and The Imaginary" (in collaboration with W. Granoff), in S. Lorand and M. Balint, eds.,Perversions: Psychodynamics and Therapy, New York: Random House, 1956.

1957

- During this period Lacan writes, on the basis of his seminars, conferences and addresses in colloquia, the major texts that are found in Écrits in 1966. He publishes in a variety of journals, notably in L'Evolution Psychiatrique, which takes no account of the S.P.P. / S.F.P. conflict and Bulletin de la Société de Philosphie. J.B. Pontalis, Lacan's student, publishes with his consent the accounts of Seminars IV, V and VI in Bulletin de Psychanalyse

1958

- In the S.P.P. executive board, positions and titles are exchanged with perfect regularity until Serge Leclaire becomes secretary and then president. Yet Lacan emerges, if not the only thinker of the group, at least as the one who has the largest audience and the most audacity, especially since his practice of short sessions secures him the greatest number of analysts-in-training. A Lacan group begins to organize itself, identifiable by its language and its modes of intervention in discussions.

1959

- The first issue of La Psychanalyse from 1956 is entirely devoted to Lacan: it includes the Rome report and discourse with the discussions that followed with Lacan's response, the commentaries from Seminar I on Hyppolite's analysis of denegation and Lacan's translation of Heidegger's Logos. In a following issue Hesnard will comment on Wo es war, soll Ich werden that according to Lacan the "I" must come to the place where the id was: là où était le “ça” “je” dois advenir. This opposes the S.P.P.'s translation: "the ego must drive out the id."
- Le séminaire, Livre VI: Le désir et son interpretation, unpublished.

1960

- In his Ethics Lacan defines the true ethical foundations of psychoanalysis and constructs an ethics for our time, an ethics that would prove to be equal to the tragedy of modern man and to the "discontent of civilization" (Freud). At the roots of the ethics is desire: analysis' only promise is austere, it is the entrance-into-the-I, l'entrée-en-Je. "I must come to the place where the id was," where the analysand discovers, in its absolute nakedness, the truth of his desire. The end of psychoanalysis entails "the purification of desire." This text functions throughout the years as the background of Lacan's work.
- Le séminaire, Livre VII: L'éthique de la psychanalyse, Paris: Seuil, 1986.The Seminar, Book VII: The Ethics of Psychoanalysis, 1959-60, New York: Norton, 1992.

1961

- At the colloquium on dialectic organized by Jean Wahl at Royaumont the previous year, Lacan defends three assertions: psychoanalysis, insofar as it elaborates its theory from its praxis, must have a scientific status; the Freudian discoveries have radically changed the

concepts of subject, of knowledge, and of desire; the analytic field is the only one from where it is possible to efficiently interrogate the insufficiencies of science and philosophy. This major intervention will appear in Écrits as "Subversion of the Subject and Dialectic of Desire in the Freudian Unconscious," where the subject of psychoanalysis is neither Hegel's absolute subject nor the abolished subject of science. It is a subject divided by the emergence of the signifier. As to the subject of the unconscious, it is impossible to know who speaks. It is "the pure subject of the enunciation," which the pronoun "I" indicates but does not signify. Yet the key concept is that of desire: "it is precisely because desire is articulated that it is not articulable in a signifyng chain."

1962

- Meanwhile S.F.P. members want to be recognized by the I.P.A. At the Congress of Edinburgh in 1961, the I.P.A. committee recommends that the S.F.P. become a supervised study group of the I.P.A. Moreover, in a series of twenty requirements it asks the S.F.P. to ban Lacan (also Dolto and Bergé) from the analysts' training: the problem of the short sessions, which was already at stake during the first split, is back for discussion. Lacan did not "give in on his desire," and neither did the I.P.A. make concessions about its principles. He was not banned from psychoanalytic practice nor from teaching: he was denied the right to train analysts. Driven to choose between Lacan and affiliation with the I.P.A., Paris opts for the time being not to make any decision. Moreover, a motion is adopted by the Bureau of the S.F.P. stating that "any attempt to force the expulsion of one of its founder members would be discriminatory, and would offend against both the principles of scientific objectivity and the spirit of justice." Lacan and Dolto are elected president and vice-president.
- Later that year, Lacan is appointed chargé de cours at the École Pratique des Hautes Etudes (Paris) and a series director at Éditions du Seuil. The series will be known as Le Champ freudien: in time his Seminars and Écrits will be published in there.
- Le séminaire, Livre IX: L'identification, unpublished.

1963

- In January, Serge Leclaire succeeds Lacan as president of the S.F.P. In May, envoys from the I.P.A visit Paris and meet with Leclaire. Not only they express doubts about Lacan's attitude towards Freud (he studies Freud's texts obsessionally, in the manner of medieval scholar) they also claim that Lacan manipulates transference through the short session: he must be excluded from the training courses. At the Congress of Stockholm, in July, the I.P.A. votes an ultimatum: within three months Lacan's name has to be crossed off the list of didacticians. Everything is organized to reorient his students in training analysis towards others analysts, thanks to a committee supervised by the I.P.A. Two weeks before the expiration of the deadline fixed by the I.P.A. (October 31), Lagache, Granoff and Favez advance a motion calling for Lacan's name to be removed from the list of training analysts: the committee of didacticians of the S.F.P. gives up its courageous

position of 1962. On November 19 a general meeting has to make a final decision on I.P.A.'s conditions regarding Lacan. Lacan then writes a letter to Leclaire announcing he will not attend the meeting because he can foresee the disavowal. Thus, on November 19, the members' majority takes the position in favor of the ban. As a result of it Leclaire and Dolto resign from office. During the night Lacan learns the decision made at the meeting: he no longer is one of the didacticians. The next day, his seminar on "The Names-of-the-Father" is to start at Sainte-Anne: he announces its end. Fragments of it are published in L'excommunication

1964

- Lacanians form a Study Group on Psychoanalysis organized by Jean Clavreul, until Lacan officially founds L'École Française de Psychanalyse. Soon it becomes L'École Freudienne de Paris (E.F.P.). "I hereby found the École Française de Psychanalyse, by myself, as alone as I have ever been in my relation to the psychoanalytic cause." The E.F.P. is organized on the basis of three sections: pure psychoanalysis (doctrine, training and supervision), applied psychoanalysis (the cure, casuistics, psychiatric information), and the Freudian field (commentaries on the psychoanalytic movement, articulation with related sciences, ethics of psychoanalysis).
- With Lévi-Strauss and Althusser's support, he is appointed lecturer at the École Pratique des Hautes Etudes. He begins his new seminar on "The Four Fundamental Concepts of Psychoanalysis" in January in the Dussane room at the École Normale Supérieure (in his first session he thanks the generosity of Fernand Braudel and Claude Lévi-Strauss).
- Le séminaire, Livre XI: Les quatre concepts fondamentaux de la psychanalyse, Paris: Seuil, 1973.The Seminar, Book XI: The Four Fundamental Concepts of Psychoanalysis, New York: Norton, 1981.

1965

- Having founded his own école, Lacan's renown increases considerably in his new settings at the rue d'Ulm. He keeps presenting cases of patients at Sainte-Anne; members of his école work and teach in Paris in hospitals such as Trousseau, Sainte-Anne and Les Enfants Malades; and others join universities or hospitals in the provinces (Strasbourg, Montpellier, Lille). In his seminars he explains his project to teach "the foundations of psychoanalysis" as well as his position within the psychoanalytic institution. His audience is made of analysts but also of young students in philosophy at the E.N.S., notably Jacques-Alain Miller, to whom Althusser assigns the reading of "all of Lacan" and who actually does it. It is him who asks Lacan the famous question: "Does your notion of the subject imply an ontology?"
- Le séminaire, Livre XII: Problèmes cruciaux pour la psychanalyse, unpublished.

1966

- Lacan wants to continue to train analysts, his first priority. Yet, at the same time, his teaching is addressed to the non analysts, and thus he raises these questions: Is psychoanalysis a science? Under what conditions is it a science? If it is-the "science of

the unconscious" or a "conjectural science of the subject"-what can it, in turn, teach us about science? Cahiers pour l'Analyse, the journal of the Cercle d'Epistémologie at the E.N.S. is founded by Alain Grosrichard, Alain Badiou, Jean-Claude Milner, François Regnault and Jacques-Alain Miller among others. It publishes texts by Lacan in three of its issues that very year. In July Judith Lacan marries Jacques-Alain Miller.

- Écrits, Paris: Seuil, 1966. Écrits, A Selection, New York: Norton, 1977. The French version immediately became a best-seller and draws considerable public attention to the école far beyond the intelligentsia.
- Le séminaire, Livre XIII: L'objet de la psychanalyse, unpublished.

1967

- Lacan states in the Acte de Fondation that he shall undertake the direction of the école during the four years, "a direction about which nothing at present prevents me from answering." In fact Lacan remains its director until the dissolution in 1980. He divides the école into three sections: the section of pure psychoanalysis (training and elaboration of the theory, where members who have been analyzed but haven't become analysts can participate); the section for applied psychoanalysis (therapeutic and clinical, physicians who have neither completed nor started analysis are welcome); the section for taking inventory of the Freudian field (it concerns the critique of psychoanalytic literature and the analysis of the theoretical relations with related or affiliated sciences). To join the école, the candidate has to apply to an organized work-group: the cartel.
- “Proposition du 9 octobre 1967 sur le psychanalyste à l'Ecole,” Scilicet 1.
- Le séminaire, Livre XIV: La logique du fantasme, unpublished.

1968

- The novelty of the proposition of 1967 lies in the modification of access to the title of Analyst of the École (A.E.), a rank superior to that of Member Analyst of the École (A.M.E.). The analysts appointed as A.E. are those who have volunteered for the passe and have come victorious out of the trial. The passe consists of testifying, in front of two passeurs, to one's experience as an analysand and especially to the crucial moment of passage from the position of analysand to that of analyst. The passeurs are chosen by their analysts (generally analysts of the école) and should be at the same stage in their analytic experience as the passant. They listen to him and then, in turn, they testify to what they have heard in front of a committee for approval composed of the director, Lacan, and of some A.E. This committee's function is to select the analysts of the école and to elaborate, after the selecting process, a "work of doctrine."
- Le séminaire, Livre XV: L'acte psychanalytique, unpublished.

1969

- The issue of the passe keeps invading the E.F.P.'s life. "Le quatrième groupe" is formed around those who resign from the E.F.P. disputing over Lacan's methods for the analysts' training and accreditation. Lacan takes a stand in the crisis of the university that follows May 1968: "If psychoanalysis cannot be articulated as a knowledge and taught as such, it

has no place in the university, where it is only a matter of knowledge." The E.N.S. director, Flacelière, finds an excuse to tell Lacan that he is no longer welcome at the E.N.S. at the beginning of the academic year. Moreover, Cahiers pour l'Analyse has to stop its publication, but Vincennes appears as an alternative. Michel Foucault asks Lacan to create and direct at Vincennes the Department of Psychoanalysis. Lacan suggests that S. Leclaire, rather than himself, should undertake the project. Classes start in January. Thanks to Lévi-Strauss Lacan moves his seminars to the law school at the Panthéon.

- Le séminaire, Livre XVI: D'un Autre à l'autre, unpublished. In there Lacan argues that "the Name-of-the-Father is a rift that remains wide open in my discourse, it is only known through an act of faith: there is no incarnation in the place of the Other."

1970

- In his seminar L'envers de la psychanalyse Lacan establishes the four discourses: Master's, university's, hysteric's and the analyst's discourse. He discusses the Father of Totem and Taboo who is all love (or jouissance) and whose murder generates the love of the dead Father, a figure to whom he opposes both the Father presiding over the first idealization and the Father who enters the discourse of the Master and who is castrated from the origin. "The death of the father is the key to supreme jouissance, later identified with the mother as the aim to incest." Yet psychoanalysis is not constructed on the proposition 'to sleep with the mother' but on the death of the father as primal jouissance. The real father is not the biological one but he who upholds "the Real as impossible." In "Radiophonie, "Scilicet2/3, Lacan argues that "if language is the condition of the unconscious, the unconscious is the condition of linguistics." Freud anticipated Saussure and the Prague Circle by sticking to the letter of the patient's word, to jokes, to slips, by bringing into light the importance of condensation and displacement in the production of dreams. The unconscious states that "the subject is not the one who knows what he says." Whoever articulates the unconscious must say that it is either that or nothing.
- Le séminaire, Livre XVII: L'envers de la psychanalyse, Paris: Seuil, 1991.

1971

- One novelty in Lacan's teaching is his return to the hysteric with Dora and la Belle Bouche erre (the Beautiful Mouth wanders and an allusion to the beautiful butcher's wife analyzed by Freud and carried on in La direction de la cure Three questions: the relation between jouissance and the desire for unfulfilled desire; the hysteric who 'makes the man' (or the Master) insofar as she constructs him as "a man prompted by the desire to know;" a new conception of the analytic treatment as a "hysterization of discourse."
- Le séminaire, Livre XVIII: D'un discours qui ne serait pas du semblant, unpublished.

1972

- As to Lacan "in psychoanalysis (as well as in the unconscious) man knows nothing of woman, and woman nothing of man. The phallus epitomizes the point in myth where the sexual becomes the passion of the signifier." For him the structure is the body of the symbolic: "there is no sexual rapport, implies no sexual rapport that can be formulated in

the structure." There is "no appropriate signifier to give substance to a formula of sexual rapport."

- "L'étourdit" Scilicet 4.
- Le séminaire, Livre XIX: ... ou pire, unpublished.

1973

- In Encore Lacan argues that woman would only enter in the sexual rapport quoad matrem (as a mother) and man quoad castrationem (phallic jouissance). Hence there is no real rapport and love as well as speech make up for his absence. And he adds: "There is woman only as excluded by the nature of words,...for man she is on the side of truth and man does not know what to do with it." In Le savoir psychanalytique from 1972, Lacan argues: "I am not saying that speech exists because there is no sexual rapport. I am not saying either that there is no sexual rapport because speech is there. But there is no sexual rapport because speech functions on that level that analytic discourse reveals to be specific to speaking human beings. The importance, the preeminence of what makes sex a semblance, the semblance of men and women. Between man and love, there is woman; between man and woman, there is a world; between man and the world, there is a wall. What is at stake in a serious love relationship between a man and a woman is castration. Castration is the means of adaptation to survival."
- Le séminaire, Livre XX: Encore, Paris: Seuil, 1975.The Seminar, Book XX: On Feminine Sexuality, the Limits of Love and Knowledge: Encore, New York: Norton, 1998.

1974

- The Vincennes Department of Psychoanalysis is renamed "Le Champ freudien;" Lacan, director, and Jacques-Alain Miller, president. In Télévision, Paris: Seuil, (the text is based on a broadcast on the ORTF produced by Benoît Jacquot) Lacan makes is famous statement: "I always speak the truth. Not the whole truth, because there's no way to say it all. Saying it all is materially impossible: words fail. Yet it is through this very impossibility that the truth holds to the real."Television, New York: Norton, 1990.
- Le séminaire, Livre XXI: Les non-dupes errent, unpublished.

1975

- Lacan travels to the United States where he lectures at Columbia University (Auditorium, School of International Affairs), general discussion at Yale University (Kanzer Seminar and Law School Auditorium) followed by another general discussion at the Massachusetts Institute of Technology.
- Le séminaire, Livre XXII: R.S.I. in Ornicar?

1976

- Lacan posits that the notion of structure does not allow to create a common field uniting linguistics, ethnology and psychoanalysis. Linguistics has no hold over the unconscious because "it leaves as a blank that which produces effects in the unconscious: the objet a, the very focus of the analytical act, and of any act. "Only the discourse that is defined in

the terms of psychoanalysis manifests the subject as other giving him the key to his division, whereas science, by making the subject a master, conceals him to the extent the the desire that gives way to him bars him from me without remedy." There is only one myth in Lacan's discourse: the Freudian Oedipus complex.

- Le séminaire, Livre XXIII: Le sinthome, in Ornicar?

1977

- Le séminaire, Livre XXIV: L'insu que sait de l'une bévue s'aile à mourre, in Ornicar?

1978

- Le séminaire, Livre XXV: Le moment de conclure. One session only published as "Une pratique de bavardage," Ornicar?

1979

- Le séminaire, Livre XXVI: La topologie et le temps, unpublished.

1980

- On January 9, Lacan announces the dissolution of the EFP in a letter addressed to members and published in Le Monde. He asks those who wish to continue working with him to state their intentions in writing. He receives over one thousand letters within a week. On February 21, Lacan announces the founding of "La Cause freudienne." In July he attends an international conference in Caracas. "I have come here before launching my Cause freudienne. It is up to you to be Lacanians if you wish; I am Freudian."
- Le séminaire, Livre XXVII: Dissolution, in Ornicar?

1981

- September 9, Lacan dies in Paris.

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The Efficacy of Training Stress-Management by Cognitive-Behavioral Method in Decreasing Stress Symptoms of Women Suffering From Breast Cancer

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ABSTRACT

Introduction: today a lot of efforts are exerted on decreasing psychological stress of women suffering from breast cancer by cognitive-behavioral training programs. ***Purpose:*** this study was done with the aim of examining efficacy of training stress-management by cognitive-behavioral method in decreasing stress symptoms of women suffering from breast cancer. ***Method:*** this study was a kind of semi-descriptive with pretest and posttest design and also following with control group in terms of applying goal and in terms of way of data collection. Statistical community is all those women that have already been identified to have breast cancer based on absolute identification of breast specialist and referred to cancer research centers of Shahid Beheshti University. From the respective statistical community, 14 women who had breast cancer were selected based on availability of choice and by various criteria and were assigned to two groups of control and experimental (each having seven people) by random assignment. The experimental group received training program through 10 sessions and the control group followed their usual plan. The research scale was 66-question version of Harry stress questionnaire. The data were analyzed by frequent measures. ***Findings:*** the results of research showed that applied intervention led to reducing the stress of women who suffered from breast cancer and this efficacy was stable over time. ***Conclusion:*** these findings represent that the stress in women having breast cancer can be reduced by training and also this method can be used as an intervention in reducing psychologically clinical symptoms of these people.

Keywords: *Managing Stress, Behavioral Methodology, Stress, Women, And Breast Cancer.*

Statement of the problem: psychological tensions resulting from cancer causes anxiety and depression in patients. Many concerns and depressions in individuals suffering from cancer because of losing part of the body or its function are dependence to others and losing one's role

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in family. With regard to the fact that every change in human life is together with stress, cancer identification has also its own stress and pressure. Some of the consequences of this disease can be showing anger, wrath, depression, feeling of loneliness, absurdity, futility, jealousy, malice and so on. Some evidences show that stress plays important part in starting and developing of cancer. The results of some studies show that appearance of some kinds of cancers in children and adults is related to amount of stress brought on them. Patients who consider their disease more dangerous, more chronic and more uncontrollable become more inactive or passive, report more inability, have poorer social function and have more psychological problems. One cannot restrict treatment of a patient suffering from cancer only to clinical aspects; so it is necessary to consider these issues along clinical issues. Today the positive effect of psychological interventions is confirmed in improving process of chronic physical diseases and with daily development of the field of "health psychology", more active psychologists were used in treatment process of these diseases. Cognitive-behavioral approach is one of different approaches in psychology. This approach can help patients to reduce the negative psychological effects of their disease to least minimum level (Mohman& Gorman,2005). Despite of significant development of medical science, the cancer still is considered as one of the most important diseases of current century and the second cause of death after cardiovascular diseases. Based on conducted studies, 80 percent of patients suffering from cancer suffer from worry and extreme stress in the early phases of their treatments. By psychotherapy one can minimize these symptoms and help patients reinforce immunity system of their bodies (Spigel, 1993). Therefore, based on presented reasons, cancer as a stressful event invites psychological reactions. Also cognitive therapy behavior proved to be useful in many chronically physical diseases. Therefore in this study the purpose of applying of this intervention therapy is to reduce stress of women suffering from breast cancer.

INSTRUMENTS AND METHODS

This study was a kind of pseudo-experimental research from aspect of data collection and from the aspect of applying goal is along with pretest and posttest and examination with control group. The community of this research was all the women who recently have been identified by specialists to suffer from breast cancer and referred to research centers of cancer in hospitals of Shahid Beheshti University in Tehran for chemotherapy. By availability sampling, 14 persons of them selected and were randomly assigned to two groups of experimental and control (with each one including seven). Criteria of entrance for the subjects were: being of age of above 30 years, female gender, lower than 1 month identification time period, tumor phase (stage2), suffered from breast cancer, lack of any sign of background of neuropsychological disease except the study cases, not having drug abuse, not having background of hospitalization because of the present disease, lack of any background of disease in the family. Criteria of exit are as follow: presence of any background of mental diseases, presence of obvious physical diseases, drug addiction, disease time span of more than one month, presence of background of disease in the

family, suffering from other cancers other than breast cancer. Background of disease in the family of experimental group went under cognitive-behavioral treatment over ten 2-hour sessions and twice per week. In the final session, the subjects of both groups with their presence in the clinics took the posttest. After one month both groups were assessed again to follow the process. Cognitive-behavioral treatment in this research was done in groups in form of ten sessions clear instruction of each session. The content of these sessions is derived from the life skills and stress management by Anthony et al. (2007). The summary of the sessions is as follow:

First session: introduction of program, stress triggers and responses of relaxation stress
Second session: relaxation-stress and awareness: increasing awareness of physical symptoms of stress
Third session: relaxation-the relationship of thoughts and emotions (thinking power)
Fourth session: relaxation of generating effective interactive responses
Fifth session: relaxation and continuance of effective interactive responses
Sixth session: relaxation and managing anger
Seventh session: relaxation and continuance of managing anger
Eighth session: relaxation, tool-kit training
Ninth session: relaxation, continuance of tool-kit training
Tenth session: relaxation, social support and review of previous sessions

The instruments of this study with respect to field of research are demographic questionnaire and Hary's stress questionnaire. Demographic questionnaire was research made and included information like age and educations of subjects and Hary's stress questionnaire was designed by Chandran S. Harry in 2005 to assess psychological pressure in different situations of life including that of chronic patients. This scale includes 66 statements that respondent should state their answers in likert range from absolutely agree to absolutely disagree and it is designed for individual of above than 12 years old. This questionnaire was used in different studies in Iran especially for cancer patients and has appropriate reliability and validity. In this study the analysis of data resulting from questionnaires was done by different methods of descriptive and inferential statistics and by the help of SPSS software version16. The respective results were summarized and were presented in tables. Multivariate Repeated Measures Methods was applied for analyzing the data.

FINDINGS

For analyzing the data Multivariate Repeated Measures Methods was used. In this section the results of analyses of Multivariate Repeated Measures were reported for the phases of pretest, posttest and following. In reporting the results of measures, the results of Mauchly's Test of Sphericity were applied for investigating the assumption of equality of co-variances and their respective curvets. This scale is necessary for investigating assumptions of using multi-variance

analysis or multivariate repeated measures. Pillai's Trace multivariate scale, Wilks' Lambda, Hotelling's Trace and Roy's Largest Root of main and interactive effects of variance analysis and couples' comparisons were also examined.

In order to examine first and second hypotheses of the research participants' scores over filling the Hary's inventory of pretest, posttest and following phases of the research were analyzed. These hypotheses are as follow:

$H0_1$: training stress management by cognitive behavioral method is effective in reducing the stress of women suffering from breast cancer.

$H0_2$: training stress management by cognitive behavioral method has time reliability in reducing the stress of women suffering from breast cancer.

For analyzing this variable Multivariate Repeated Measures was used. In table 3-4 the results of Mauchly's Test for assessing the conditions and assumptions of applying repeated measures are presented.

Table 1: The results of Mauchly's sphericity test for assessment of conditions and assumptions of applying repeated measures.

Mauchly's sphericity test			**indices**	
	W Mauchly	Chi-square	Df	Levels of significance(Sig)
	0.67	10.72	2	0.005

The results of table 1 represent that Mauchly's sphericity test is meaningful and significant. Since the results of this test are significant, the obtained results with assumption of stability of Sphericity should be analyzed by Greenhouse- Geisser instead of Sphericity Assumed test and Huynh- Feldt and Lower- bound tests. The results of these tests are shown in table 2.

Table 2: The results of internal effects tests of subject for experimental and control groups

Test	**Sum of squares**	**Degree of freedom**	**Mean of squares**	**F**	**Levels of significance**
Group	2514.726	1	2514.726	8.369106	0.456
Time	5286.067	1.506325	3509.247	24.14552	0.001
Time-group	2755.356	1.506325	18.29.19	12.58582	0.001
Error	6129.911	42.17711	145.3374		

The obtained results represent that control and experimental groups are significantly different at least in one of pretes, posttest and following because the test of Greenhouse- Geisser is significant at the level of 0.001. Also in above table the effect of factors of time and group shows

that all of the people under training were improved over time. But in the factor of group meaning in pretest phase there were no difference between groups.

Table 3: the results of multivariate variance analysis for comparison of stress based on the variable of group

variance source	test	Extent	Assumed df	Error df	F	Levels of significance
The effect of stress management	Pillai's Trace	0/523745	2	111	14/84617	0.001
	Wilks' Lambda	0.476255	2	11	14/84617	0.001
	Hotelling's Trace	1/099716	2	11	14/84617	0.001
	Roy's largest root	1/099716	2	11	14/84617	0.001

In table 3 the results of analysis of multivariate variance of Pillai's Trace, Wilks' Lambda, Hotelling's Trace and Roy's largest root for comparison of stress based on variable of group are presented. Based on the results of this table, it can be said that groups are different in stress. This means that there is a difference at least in one of the stress tests (pretest, posttest and the following) of control and experimental group. It needs to be mentioned that the significance of multivariate variance analysis doesn't show that between which of these tests (pretest, posttest and following)in control and experimental group the difference exist. For examining these differences, binary comparison was used that their results are presented in table 4.

Table 4: binary comparisons of control and experimental group in pretest, posttest and following

Source of changes	comparisons	Sum of squares	Degree of freedom	Mean of squares	F	Levels of significance
time	Pretest-posttest	7648/03	1	7648/03	27/13122	0.001
	Posttest-following	9/63333	1	9/63333	0/102925	0.62
Time-group	Pretest-posttest	3652/033	1	3652/033	12/9555	0.001
	Posttest-following	50.7	1	50.7	0/541694	0.46
error	Pretest-posttest	7892/933	12	281/8905		-
	Posttest-following	2620/667	12	93/59524		-

As it is evident in table 4, there is a significant difference between pretest and posttest score of experimental group. This shows that training stress management by cognitive behavioral method is effective in reducing stress symptoms of women suffering from breast cancer. Also the respective table shows that there is not any significant difference between scores of posttest and following of experimental group. This means that those members of the experimental group who got lower scores in stress almost got the same scores in the following test. This finding represents that training stress management by cognitive behavioral method has reliability over time in reducing stress symptoms of women suffering from breast cancer.

DISCUSSION AND CONCLUSION

The obtained result of this study shows that training stress management by cognitive behavioral method could lead to decreasing stress symptoms of women suffering from breast cancer and even the effect of this intervention was also persistent and stable after passage of one month meaning in intervention phase. The results of this research are conforming and in line with the results of researches by Christopher, Jachob, Nihouse, Niri and Fula (2009), Chen, Jordan and Tompson(2006), Edleman and Bell (1999), Brideg et al.(1988), Darvishi Niz (1388). Moreover the result of this research is conforming with the result of research by a psychologist who was called Thomas Holmz and started his studies in first decade of 1950 and reached to this conclusion that stress is effective in severance and adversity of the cancer. The results of this research shows that cognitive behavioral method can reduce the stress of having been identified and respective treatments of cancer and also has significant role in process of treatment and adaptation of patients.

Another reason of obtaining these results is the application of cognitive behavioral methods like relaxation that was used in this study and its efficacy in the case of emotional disorders like anxiety and depression and increasing hopefulness has been proved in previous studies (Hosaka, 2000; quoted by Darvishi,1388; Yin Yung,2006; Rasman,2008).

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Conflict of Interests

The author declared no conflict of interests.

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A Study of Drugs and Substance Abuse among Adolescents of Slum Dwellers

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ABSTRACT

Drugs and substance abuse and dependence has become a worldwide public health crisis. The abuse of drug is an international problem, which affects almost every country in the world, both developed and developing. The present study was carried out with the objective: To study the prevalence and patterns of drugs and substance abuse among adolescents, living in slum of Meerut. A survey was conducted on slum area of Nauchandi compound, Meerut District. Sample was collected from 110 boys of 12 to 16 years old. The survey was based on drug addiction habits. Results shows that 46.36 % adolescents of the slum area used substance like Gutkha, Tobacco, Smoking, Alcohol, Afeem, Ganja, Thinner and Marijuana. 54.91% admitted to using one time, 23.53% admitted rarely, 15.68% admitted occasionally and 5.88% admitted that they have craving for drugs, so use frequently. The most common substances used were Gutkha 46.36%, tobacco 40.91%, smoking 37.27%, and alcohol 13.63%. 8.18% substance abusers used multiple substances. Synthetic narcotics and LSD were not used by any of the abusers. Our study revealed that prevalence of substance use among adolescents is high and cause significant problem in this population, therefore there is necessity of targeted interventions to reduce this huge burden.

Keywords: *Drugs & Substance Abuse, Habits, Slum Dwellers, and Prevalence.*

June 26 is celebrated as International Day against Drug Abuse and Illicit Trafficking every year. It is an exercise undertaken by the world community to sensitize the people in general and the youth in particular, to the menace of drugs. The picture is grim if the world statistics on the drugs scenario is taken into account. With a turnover of around $500 billions, it is the third largest business in the world, next to petroleum and arms trade. About 190 million people all over the world consume one drug or the other. Drug addiction causes immense human distress and the

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illegal production and distribution of drugs have spawned crime and violence worldwide. Today, there is no part of the world that is free from the curse of drug trafficking and drug addiction. Millions of drug addicts, all over the world, are leading miserable lives, between life and death.

India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day. According to a UN report, One million heroin addicts are registered in India, and unofficially there are as many as five million. Inhalation of heroin alone has given way to intravenous drug use, that too in combination with other sedatives and painkillers. This has increased the intensity of the effect, hastened the process of addiction and complicated the process of recovery. Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. Cannabis products, often called charas, bhang, or ganja, are abused throughout the country because it has attained some amount of religious sanctity because of its association with some Hindu deities. The International Narcotics Control Board in its 2002 report released in Vienna pointed out that in India persons addicted to opiates are shifting their drug of choice from opium to heroin. The pharmaceutical products containing narcotic drugs are also increasingly being abused. The intravenous injections of analgesics like dextropropoxphene etc are also reported from many states, as it is easily available at 1/10th the cost of heroin. The codeine-based cough syrups continue to be diverted from the domestic market for abuse Drug abuse is a complex phenomenon, which has various social, cultural, biological, geographical, historical and economic aspects. The disintegration of the old joint family system, absence of parental love and care in modern families where both parents are working, decline of old religious and moral values etc lead to a rise in the number of drug addicts who take drugs to escape hard realities of life. Drug use, misuse or abuse is also primarily due to the nature of the drug abused, the personality of the individual and the addict's immediate environment. The processes of industrialization, urbanization and migration have led to loosening of the traditional methods of social control rendering an individual vulnerable to the stresses and strains of modern life. The fast changing social milieu, among other factors, is mainly contributing to the proliferation of drug abuse, both of traditional and of new psychoactive substances. The introduction of synthetic drugs and intravenous drug use leading to HIV/AIDS has added a new dimension to the problem, especially in the Northeast states of the country. Drug abuse has led to a detrimental impact on the society. It has led to increase in the crime rate. Addicts resort to crime to pay for their drugs. Drugs remove inhibition and impair judgment egging one on to commit offences. Incidence of eve- teasing, group clashes, assault and impulsive murders increase with drug abuse. Apart from affecting the financial stability, addiction increases conflicts and causes untold emotional pain for every member of the family. With most drug users being in the productive age group of 18-35 years, the loss in terms of human potential is incalculable. The damage to the physical, psychological, moral and intellectual growth of the youth is very high. Adolescent drug abuse is one of the major areas of concern in adolescent and young people's behavior. It is estimated that, in India, by the time most boys reach the ninth grade, about 50 percent of them have tried at least one of the gateway drugs. However, there is a

wide regional variation across states in term of the incidence of the substance abuse. For example, a larger proportion of teens in West Bengal and Andhra Pradesh use gateway drugs (about 60 percent in both the states) than Uttar Pradesh or Haryana (around 35 percent). Increase in incidences of HIV, hepatitis B and C and tuberculosis due to addiction adds the reservoir of infection in the community burdening the health care system further. Women in India face greater problems from drug abuse. The consequences include domestic violence and infection with HIV, as well as the financial burden. Eighty seven per cent of addicts being treated in a de-addiction center run by the Delhi police acknowledged being violent with family members. Most of the domestic violence is directed against women and occurs in the context of demands for money to buy drugs. At the national level, drug abuse is intrinsically linked with racketeering, conspiracy, corruption, illegal money transfers, terrorism and violence threatening the very stability of governments. India has braced itself to face the menace of drug trafficking both at the national and international levels. Several measures involving innovative changes in enforcement, legal and judicial systems have been brought into effect. The introduction of death penalty for drug-related offences has been a major deterrent. The Narcotic Drugs and Psychotropic Substances Act, 1985, were enacted with stringent provisions to curb this menace. The Act envisages a minimum term of 10 years imprisonment extendable to 20 years and fine of Rs. 1 lakh extendable up to Rs. 2 lakhs for the offenders. The Act has been further amended by making provisions for the forfeiture of properties derived from illicit drugs trafficking. Comprehensive strategy involving specific programmes to bring about an overall reduction in use of drugs has been evolved by the various government agencies and NGOs and is further supplemented by measures like education, counseling, treatment and rehabilitation programmes. India has bilateral agreements on drug trafficking with 13 countries, including Pakistan and Burma. Prior to 1999, extradition between India and the United States occurred under the auspices of a 1931 treaty signed by the United States and the United Kingdom, which was made applicable to India in 1942. However, a new extradition treaty between India and the United States entered into force in July 1999. A Mutual Legal Assistance Treaty was signed by India and the United States in October 2001. India also is signatory to the following treaties and conventions:

1961 U.N. Convention on Narcotic Drugs

1971 U.N. Convention on Psychotropic Substances

1988 U.N. Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

2000 Transnational Crime Convention.

Credits: Azad India Foundation

The spread and entrenchment of drug abuse needs to be prevented, as the cost to the people, environment and economy will be colossal. The unseemly spectacle of unkempt drug abusers dotting lanes and by lanes, cinema halls and other public places should be enough to goad the authorities to act fast to remove the scourge of this social evil. Moreover, the spread of such reprehensible habits among the relatively young segment of society ought to be arrested at all

cost. There is a need for the government enforcement agencies, the non-governmental philanthropic agencies, and others to collaborate and supplement each other's efforts for a solution to the problem of drug addiction through education and legal actions. (@Youth Ki Awaaz, Apr 04, 2008, Drug Abuse in India)

METHODOLOGY

Objectives:

- To study the prevalence and patterns of drugs and substance abuse among adolescents, living in slum of Meerut.

Sampling & Procedure of Data Collection:

A survey was conducted on slum area of Nauchandi compound, Meerut District. A purposive randomly sampling was used to select sample for survey from slum area. Sample was selected on the basis of age group (12 to 16). Total 110 male adolescents were selected for the survey. The survey was based on drug addiction habits, therefore some questions were formed to collect information, which were related to their habits, frequency and type of drug and substance.

RESULTS

Results shows that 46.36 % adolescents, out of 110 adolescents, who were surveyed, admitted to use of substance like Gutkha, Tobacco, Smoking, Alcohol, Afeem, Ganja, Thinner and Marijuana. 54.91% admitted one time, 23.53% admitted rarely, 15.68% admitted occasionally and 5.88% , out of 51 adolescents, admitted that they have craving for drugs, so use frequently, whenever they wants.

The most common substances used were Gutkha 46.36%, tobacco 40.91%, smoking 37.27%, and alcohol 13.63%. We also found that 8.18% substance abusers used multiple substances. Synthetic narcotics and LSD were not used by any of the abusers.

Table 1. Showing Patterns of Drugs and Substance use among Adolescents of Slum Dwellers.

Frequency to use Drugs and Substance	
54.91%	One Time
23.53%	Rarely
15.68%	Occasionally
5.88%	Frequently and Craving
Types of Drugs and Substance	
46.36%	Gutkha
40.91%	Tobacco
37.27%	Smoking
13.63%	Alcohol
8.18%	Multiple Substance
0%	Synthetic narcotics and LSD

'Easy availability' and 'relief from tension' were the most frequent reasons for continuation of substance use. Level of knowledge on harmfulness of substance use adolescents was very high and they stated media as the most frequent source of information. Users were successful in influencing their peers into taking up this habit.

DISCUSSION

The Global Youth Tobacco Survey (Sinha DN. et al. 2006) in 2006 showed that 3.8% of students smoke and 11.9% currently used smokeless tobacco. Tobacco as a gateway to other drugs of abuse has been the topic of a symposium (Dhawan A. et al. 2004).

A study of 300 street child laborers in slums of Surat in 1993 (Bansal RK, & Banerjee S. 1993) showed that 135 (45%) used substances. The substances used were smoking tobacco, followed by chewable tobacco, snuff, cannabis and opioids. Injecting drug use (Tripathi BM, & Lal R. 1999) is also becoming apparent among street children as are inhalants (Praharaj et al. 2008).

A study in the Andamans (Benegal V. et al. 2008) shows that onset of regular use of alcohol in late childhood and early adolescence is associated with the highest rates of consumption in adult life, compared to later onset of drinking.

Studies in other populations

A majority of 250 rickshaw pullers interviewed in New Delhi (Gupta R. et al. 1986) in 1986 reported using tobacco (79.2%), alcohol (54.4%), cannabis (8.0%) and opioids (0.8%). The substances reportedly helped them to be awake at night while working. In a study of prevalence of psychiatric illness in an industrial population (Dutta S. et al. 2007) in 2007, harmful use/dependence on substances (42.83%) was the most common psychiatric condition. A study among industrial workers from Goa on hazardous alcohol use using the AUDIT and GHQ 12 estimated a prevalence of 211/1000 with hazardous drinking (Chagas Silva M. et al. 2003).

Effects of substance use disorders

Mortality and morbidity due to alcohol and tobacco have been extensively reviewed elsewhere (Nayak RB, & Murthy P. 2008) and are beyond the scope of this review. The effects of cannabis have also been reviewed (Grover S, & Basu D. 2004). Mortality with injecting drug use is a serious concern with increase in crude mortality rates to 4.25 among injecting drug users compared to the general population (Solomon SS. et al.2009). Increased susceptibility to HIV/AIDS and other sexually transmitted diseases has been reported with alcohol (Chandra PS. et al. 2003) as well as injecting drug use (Panda S. et al.2005).

Clinical issues

A harmful alcohol use pattern among admitted patients in general hospital has highlighted the importance of routine screening and intervention in health care settings (Srinivasan K, & Augustine MK. 2000).

Peer influence is a significant factor for heroin initiation (Chowdhury AN, & Sen P. 1992). Precipitants of relapse (dysfunction, stress and life events) differ among alcohol and opioid dependents (Mattoo SK. et al. 2003).Chronologies in the development of dependence have been evaluated in alcohol dependence (Manjunatha N. et al. 2008).

Craving a common determinant of relapse has been shown to reduce with increase in length of period of abstinence (Dhawan A. at al. 2002).

Alcohol dependence constitutes a significant group among the psychiatric population in the Armed Forces (Saldanha D, & Goel DS. 1992). A study of personality factors (Chaudhury S. et al. 2006) among 100 alcohol dependent persons showed significantly high neuroticism, extroversion, anxiety, depression, psychopathic deviation, stressful life events and significantly low self-esteem as compared with normal control subjects. Alcohol dependence causes impairment in set shifting, visual scanning and response inhibition abilities and relative abstinence has been found to improve this deficit (SiriGowri DR, et al.2008). Alcohol use has had a significant association with head injury and cognitive deficits Persistent drinking is associated with persisting memory deficits in head injured alcohol dependent patients (Sabhesan S. et al.1990). Mild intellectual impairment has been demonstrated in patients with bhang and ganja dependence (Agarwal A.K. et al. 1975).

Kumar and Dhawan 2002 found that health related reasons like death/physical complications due to drug use in peers and patients themselves, knowledge of HIV and difficulties in accessing veins were the main reason for reverse transition (shift from parenteral to inhalation route).

Craving plays an important role in persistence of substance use and relapse. Frequency of craving has been shown to decrease with increase in length of abstinence among heroin dependent patients. Socio-cultural factors did not influence the subjective experience of craving (Dhawan A. et al.2002).

CONCLUSION

Prevalence of drugs and substance abuse among adolescents is high and cause significant problem in this population, therefore there is necessity of targeted interventions to reduce this huge burden. In spite of being aware of the harmful effects of substance use, adolescents take up this habit. This requires comprehensive prevention and control programs in community, targeted toward adolescents and their parents and other family members. Effective measures are required to encourage shaping the attitude of adolescent

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Conflict of Interests

The author declared no conflict of interests.

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Cognitive Behaviour Therapy and Mindfulness: hope for Depression

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ABSTRACT

Depression is the common cold of mental disorders. It is one of the main issues that needs to receive a great deal of attention in order to create grounds to be prevented or cured. It is interesting to note that there is extensive literature emphasising the role and effectiveness of CBT as the treatment of depression. But few researchers talk about combined effect of CBT and Mindfulness. So to reduce this gap the present study aims to examine the application of CBT and Mindfulness to reduce the symptoms of Depression. This study adopts CBT and Mindfulness together in a case of 40 year old, married, educated woman experiencing depression from last 5 years. She was having difficulty in performing her everyday tasks and managing her work. Detailed therapy sessions were conducted to resolve the issues. The analysis of data revealed that both the techniques when used in combination were effective in reducing depression experienced by the client as there was significant reduction in the level of depression she suffered and reduced stress levels.

Keywords: *Depression, CBT, Mindfulness.*

"When you're struggling with something, look at all the people around you and realize that every single person you see is struggling with something, and to them, it's just as hard as what you're going through". ***-Nicholas Sparks***

In the 21st century life has become very much complicated and people suffer from stress and strain. Some people can cope with the life situations and stressors easily and effectively while other's can't. In many cases it has been seen that the expectations of common people are growing up day by day and when they are not fulfilled they eventually fall prey of depression.

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In the fast pace world every individual is under so much of pressure to perform and produce results that even minor setbacks and losses are given greater values than needed, to add uponto this situation are the actions of people who are around that sicken, an individual to his/her soul and make them think that the world is a sad place to live in. Even without the presence of any actual illness, depression, robs off all self worth, self-esteem, self-confidence and self-image. During the experience of depression one might don't want to get out of bed or there are nights he/she can't sleep. One might even wonder about the exact meaning and purpose of their life.
Depression has become one of the alarming crises in today's society where every individual has experienced feelings of depression at one time or another. According to WHO it is expected that in 2020, depression will become the second most common cause of disability, after cardiovascular diseases. It affects about 121 million people in the world, and less than 25% of them have access to effective treatments. WHO even warns that 1 out of every 5 people will develop depressive symptoms in their lifetime, and this number increases if there are other concurrent factors, such as medical illnesses or stressful situations.

Depression is a severe and prolonged state characterized by Normal sadness which grows into a painful state of hopelessness, listlessness, lack of motivation and fatigue. As depression worsens, feelings of extreme sadness and hopelessness combine with low self-esteem, guilt, memory and concentration difficulties to bring about a severely painful state of mind. Each person's experience is different from another as there is a wide variety of symptoms. Many people feel down occasionally, or go through bad patches. They feel bad about themselves and their life in many ways and at times they can feel completely despair, but they even have areas in their life that make them feel good about themselves. For some people life is more of a struggle.

Depression is a disorder that affects the body, mood and thoughts. New researches show that when an individual suffers from depression, during an episode negative mood occurs along with negative thinking (eg. 'I am failure') and bodily sensations of sluggishness and fatigue. When this episode of depression has passed, the negative mood returns to normal, the negative thinking and fatigue also disappears. However it is believed that a connection is formed between the negative mood and negative thoughts patterns which were present during the episode.

So it can be concluded from the above theory that whenever this negative mood happens again for whatever reason, it can trigger the old negative thinking pattern again. Clients who had believed to recover from depression so such mood state may find themselves back in the similar condition. In the rumination loop which feels as if they will find an answer to their questions such as why it is happening to them only? Etc., but contrary to this, the rumination succeeds in prolonging and deepening the mood spiral only. When this happens, the old negative thinking starts up again, getting the client into the same condition that is full-blown episode of depression.
A number of psychological approaches have been demonstrated to be effective in the treatment of depression out of which CBT has been found to be effective on its own for patients

experiencing mild to moderate depressive symptoms and useful adjunct to medication for sever episodes. CBT and antidepressants are both cost effective treatments for depression. Whereas SSRIs when considered as maintenance treatment is the most expensive option (Vos et al., 2005).CBT alone has also shown significant reduction in the depressive symptoms after 10 sessions over a period of 4 months (Zapor and Stuart, 2014).

All these improvements are possible because CBT is based on the idea that how an individual thinks (cognition), how he/she feels (emotion), and how they act (behaviour) all interact together. That is thoughts determine feelings and behaviours of an individual. Therefore, negative and unrealistic thoughts can cause distress and results in problems. When a person suffers with psychological distress, the way in which they interpret situations becomes skewed, which in turn has a negative impact on the actions they take.

The common maintenance process of depression proves to be helpful in understanding how CBT is effective treatment for depression. This process suggest that there is a possible link between depressed mood with negative biases and interpretation of symptoms, which leads to a negative view of the self. These negative biases and symptoms of depression lead to reduction of activity, which maintains the low mood because activities that previously gave pleasure or a sense of achievement are lost. It also leads to reduced attempts to cope and deal with problems, which leads to increased hopelessness, low self-esteem and self-efficacy, thus maintaining the depressed mood.

CBT as the treatment of depression aims to help people become aware of when they make negative interpretations, the reduction in their normal behaviour in addition with the behavioural patterns which reinforce the distorted thinking. This therapy helps individuals to develop alternative ways of thinking and behaving which aims at reducing their psychological distress. Szu-Yu Chen (2014) conducted a study on 30 depressed individuals. The results of the study suggested that the more individuals improved their problem-solving appraisal, the more their depression decreased. It was also found that the individuals poor on problem solving appraisal before the CBT, showed improvement in problem solving appraisal and decreased level of depression after CBT.

In sum, findings suggested that problem-solving appraisal might play an important part in CBT for depression reduction. Furthermore, CBT seemed to have a ceiling effect on improving individuals' problem-solving appraisal.

In recent years other than CBT, Mindfulness meditation has also shown significant improvements in depressed patients. Depression has been the most studied disorder in the combined treatment literature. Many randomized controlled studies on depression have supported the advantage of combined therapy over mono-therapy. Due to the third wave of CBT

psychotherapists have turned to mindfulness as an important element in the treatment of a number of mental disorders.

It is common for mindfulness to be combined with psychotherapy, especially cognitive behavioural therapy. This development makes good sense, since both mindfulness meditation and CBT share the common goal of helping people gain perspective on irrational, maladaptive, and self-defeating thoughts. Trials of Mindfulness Based Cognitive Therapy have evaluated its efficacy in preventing relapse in depression by around 50% (Teasdaleet.al 2000; Ma and Teasdale 2004).

When both CBT and anti-depressants medications are used as the mode of treatment for depressed patients Keller et al., (2000), found a greater remission rate. Where as in a study conducted by Kuyken et.al (2008) with the aim to compare the outcome of two groups viz, MBCT and medication in depressed patients. Results of 15 months following showed that relapse rate were comparable with a trend towards a better outcome for MBCT (47% relapse) compared to continued medication (60% relapse).

In a meta analysis review it was proved that mindfulness based interventions are most affective for reducing depressive symptoms among patient of mood disorders (Hofman and Smits, 2008). Although mindfulness is of great interest internationally, the researchers conducted in India are still scarce. Thus the need was felt to conduct a study based on mindfulness in combination with CBT.

CASE INTRODUCTION

Mrs. X, 40 years old, female, married, housewife from middle socioeconomic status, came with her mother and elder sister with the following complaints. She is having episodic illness, this is 2nd episode.

- Shock lag karuthatihu
- Heart beating bar jatihai
- Maankisibhikaam main nahilagta
- Insecure se feeling hotihai
- Shakti nahirahati
- Baatkarnaachanahilagta
- Udashojatihupatanahi q

1 year 6 moths.

The patient was apparently asymptomatic before her first episode which was 13 years back. Since then she is on and off on medication (OPD).1 year 6 months back she suddenly came to know that her husband has been admitted in the hospital (ICU). She rushed to the hospital with rest of her family members and came to know that the reason for hospitalization was heart-attack. She stayed in hospital the whole night.

The next morning she woke up with a feeling of shock and her heart was beating very fast. She didn't feel like doing any work or talking to anybody. There was a sense of being insecure; there was loss of energy in her body. All this happens in a chain one after another. Her symptoms are worst in morning but gets a bit better by evening. Her symptoms were same in both the episodes. Predominant mood is dysthymic. Socio-occupational functioning and Biological functions like appetite and libido are reduced; there is inability to fall asleep. Personal hygiene is maintained.

No history suggestive of organ city or use of psychoactive substance in relation to present symptoms. No history suggestive of panic disorder, No history suggestive of first rank symptoms and any kind of delusions and hallucinations. No history suggestive of sustained elated mood. No history suggestive of any obsessions or compulsions.

On MSE, she was well kempt and tidy, touch with surroundings was present, rapport was easily established and attitude towards examiner was cooperative. Subjectively, her affect was dysthymic with diurnal variation worst in morning and objectively, her affect was euthymic. Her stream of thought was normal, tempo decreased slightly. Ideas of hopelessness and worthlessness with suicidal ideation and religious pre-occupation were present with grade V level of insight.

Diagnosis of Recurrent depressive disorder, current episode moderate with somatic syndrome. (F33.11) was made.

CLINICAL ASSESSMENT AND THERAPY SESSION SUMMARY

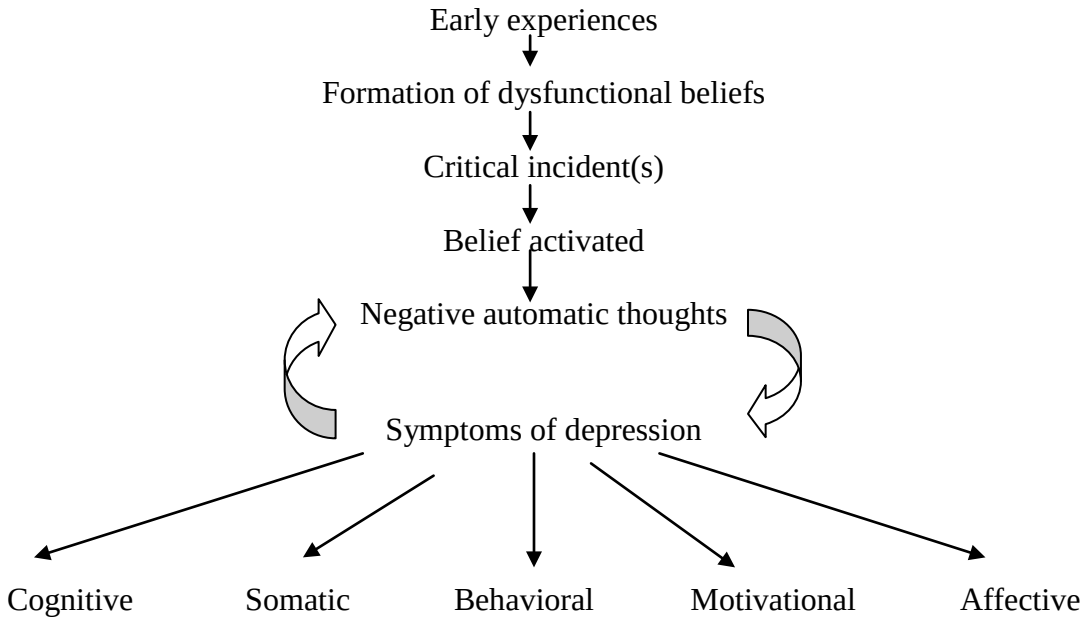
Treatment outcome measures

To evaluate the treatment progress, the following measures were administered before the therapy was started and after the termination (12^{th} session)

- The Diagnostic and Statistical Manual Brief Symptom Interview for Depression (DSM Interview; Stark & Sander, 2002)
- The Beck Depression Inventory (BDI-II; Beck et al.,1996)
- The Five Facet Mindfulness Questionnaire (FFMQ)
- Self-Efficacy (Jerusalam and Schwarzer, 1992)
- The Rosenberg Self-Esteem Scale (Rosenberg, 1965)
- The Perceived Stress Scale – 4 (PSS4) (spring, 2008)
- The Inventory of Cognitive Distortions (ICD; Yurica&DiTomasso,2002)
- Social Problem-Solving Inventory-Revised (SPSI-R) (D'Zurilla et al. ,2002)

Therapeutic formulation

BECK'S MODEL OF DEPRESSION



On the basis of detailed information collected Beck's model for depression can be applied for the formulation. It can be concluded that both her last episodes were triggered with some or other kind of loss. During her childhood she loved her mother a lot but because her father was working out of station her mother had to stay away, which lead to the development of feeling of loneliness and thoughts like "everyone i love leaves me". Then her neighbour died and she saw his wife suffering a lot (loneliness and financial problems etc.) which lead to the development of dysfunctional belief "husband is important for women to live happily and successfully". when her husband suffered heart-attack her belief got triggered which lead to negative automatic thought such as, "what if something happens to him, what will happen to me, what will my child do" development of depressive symptoms.

Procedure:

A single case design with pre and post therapy assessment was adopted. CBT and Mindfulness therapy was administered in 12 session of one hour duration. The intervention programme was developed with the following goals:

Goals of Therapy:

After interviewing the client, the therapist along with the client decided the goals for therapy.

It was decided to first focus on her daily activities as she had stopped working at all which was in turn increasing her level of depression. Hence the goals of therapy were prioritized in terms of client's needs. So goals of treatment were:-

1. Psycho education to the family regarding her illness.
2. Scheduling the patient's daily activities to regulate her behaviour.

3. To train patient in Mindfulness.
4. Providing stimulating environment to the patient to enhance her functioning skills.
5. Training the patient to enhance her working skills using graded tasks assignments.
6. Monitoring thought patterns for better understanding the irrational thoughts and beliefs and then working on them.
7. Include behavioural experiments to test the irrational thoughts.
8. Cognitive restructuring to help change the distortions.
9. To train patient in problem solving skills.
10. Compliance training to patient to prevent relapse.

Strategies used and their rationale:

1. Psycho education to the parents regarding her illness.

Psycho education is one of the most important parts of any treatment plan. In this the basic and major information related to the client's condition and the reality of the problem is conveyed in the family members and how the treatment will go about. Any myths related to the disorder are also removed. The rational of proper psycho education is to make family members aware about the present condition and future treatment plans, risk etc so that they can help in management.

2. Scheduling the patient's daily activities to regulate her behaviour.

It will make the environment more predictable. It will help in channelizing her physical energy into meaningful activity. It reduces an apparently over-whelming mass of tasks to a manageable list, removes the need for repeated decision-making, makes it more likely that activities will be carried out, encourages an increase in the proportion of satisfying activities, and increases patient's sense of control over their lives. In activity scheduling the current activities taken up by the client are rated on two important dimensions: (1) his/her sense of mastery (how well you think you accomplish a task) and (2) clients sense of pleasure and enjoyment.

3. To train patient in Mindfulness.

Mindfulness meditation is proved to be effective in helping the patient to be aware of moment to moment, be non-judgemental and to accept things as they are.

4. Training the patient to enhance her working skills using graded tasks assignments.

Graded task assignment counters hopelessness by encouraging patients to reduce tasks to manageable proportions, to increase the frequency of self-reward, and redefine success realistically, taking into account how they feel.

5. Monitoring thought patterns for better understanding the irrational thoughts and beliefs and then working on them.

What do client believe, and why do they believe so? Is important in CBT. The client often need assistance at identifying the link between their thoughts and their emotions before they move on to challenging these thoughts and substituting more helpful thoughts for these less helpful ones. The purpose of keeping a thought record is simply to help client catch his/her thoughts, recognise the feelings that go all along with them, and then further to work on balancing out their thinking towards modifying their mood.

6. Include behavioural experiments to test the irrational thoughts.

Questioning negative thoughts encourages patients to evaluate realistically the costs and advantages of acting differently, and to prepare for a range of possible outcome. These in turn produces consequences that contradict the original thoughts and thus further erode their credibility. It is a way of testing the validity of negative automatic thoughts, and not an end in itself.

7. Cognitive restructuring to help change the distortions.

Beck's (1987, 1996) cognitive model postulates that biased self-relevant thoughts, evaluations, and beliefs are key contributors to the development and persistence of psychopathological states. That, is the reason why change in these thoughts, evaluations and beliefs is considered essential for significant and enduring symptom reduction (Beck et al., 1979; Clark et al., 1999). The cognitive restructuring is a structured, collaborative therapeutic approach in which the client is taught how to identify, evaluate, and modify the faulty thoughts, evaluations, and beliefs that are considered responsible for the development of depression (Burns & Beck, 1978; Hollon&Dimidjian, 2009; Dobson &Dozois, 2010).

8. To train patient in problem solving skill.

Depression can make small problems appear much bigger than they are which can get pretty overwhelming. Problem-solving will help the client to adopt a realistically optimistic view of coping, understand the role of emotions more effectively, and creatively develop an action plan geared to reduce psychological distress and enhance well-being. It will help client to manage the symptoms of depression as these symptoms are often the result of an inability (or perceived inability) to deal effectively with problems. Further it also improving the patient's coping skills and enhancing their ability to handle upsetting life experiences.

9. Compliance training to patient.

Compliance training is given to parents and child so that they adhere to psychological treatment. So that maximum benefit is expected to the client.

Therapy session

Initial sessions: (from session 1 to 3)

The first sessions focused on history taking and clarifications. The sessions were held with the patient and her family. The patient was asked about her problem areas. The main tests for the study were also conducted so that the pre scores are obtained on the bases of which the progress could be evaluated.

Middle sessions: (from session 4 to 11)

The short and long term goals were decided. Therapeutic contact was made. It was decided that the client will be seen once in a week as per client's convenience and each session would usually be of one hour. The client and his family were told that it would take around 12 sessions to work on her problem. As planned the therapeutic work was started. The client and her family were psycho-educated about Depression and how therapy will work and its importance was also discussed. The important message conveyed to the client was that having this disorder is not like

you have failed or it's because of you or because of any other thing. It was added that it is a manageable disorder with the help of pharmacological and psychological treatment. The importance of compliance was told and issues related were discussed. The results of the test were also discussed with her.

In the 4th and 5thsession mindfulness training was taught in which the client was trained to practice mindfulness in the session and at home. During the 4th session only activity scheduling was also started. It was first asked to the client what all activities she does in a day and she wishes to do. After collecting all this information on mutual consent and the need of the client the daily schedule was prepared which the client had to follow. Mindfulness meditation was also included in daily activities.

In the session 6th apart from mindfulness and activity scheduling, graded task assignment were also added to the treatment plan. Client was asked about the difficulties faced in daily schedules and how she does them, and then they were broken into small steps for her. This made task easy and doable for her. This would also add to uplift her sense of self-efficacy as now she was able to do task which she earlier thought to be difficult. In addition to this thought diary was added in her homework task. In this she was asked to prepare a chart containing information about her thoughts, situations which give rise to them, how her feeling change after that etc.

In the next session, that is 7thsessioncognitive restructuring was started. She was trained to monitor the thoughts and to substitute more positive interpretations for her negative interpretations. All the beliefs which she had regarding her husband's illness and herself etc all were questioned so that evidences could be checked and faults thoughts could be removed. For some behaviour experiment was also incorporated to check the evidences. The same plan was continued in session 8th as well.

In session 9th and 10thproblem solving skills were taught to her taking her real life problems which she thought had no solution or were very difficult. Step wise the whole process was taught.
During the 11th session a review of all the techniques and skills taught and discussed during the therapy session were reviewed. Also for the evaluation of the treatment planned a post assessment was conducted.

Termination sessions (session 12th)
During this session the post assessment results were discussed. To show the improvement in her condition due to therapy. It was also advised that if there is any issue which she feels to discuss at any point she can come. It was also added that she should practice mindfulness regularly with other techniques learned during the therapy.

Pre and Post Assessment

Table1: Scores for pre-post assessment on Depression, Stress and Mindfulness

Variable	Pre-Scores	Post-Scores
BDI	27	16
Mindfulness	97	120
Self Efficacy	25	30
Self Esteem	22	25
Perceived Stress	11	9
ICD	221	150
Social Problem Solving	6.8	13.8

DISCUSSION

Depression is a very common and debilitating condition. More than one out of eight people will have an episode of depression in a lifetime and the majority of the patients who have an episode of depression end up having at least one more episode later in life (Kessler, 2005). As mentioned above depression can drastically affect an individual's ability to function interpersonally, socially and at work. This condition not only affects the patient but it also affects the lives of their families and caregivers. CBT was developed in the 60's as a treatment approach for depression (Burns, 1980). Since then there is a plethora of studies evaluating the efficacy and effectiveness of CBT, they have shown generally solid results for CBT as an effective treatment for depression with different groups, in different modes of delivery, and in manifold settings. Now a day, a new approach Mindfulness has been developed and has shown to be effective in treating depression and preventing its relapse. Many studies have found that mindfulness meditation can cut the recurrence of depression by 50% (Kabat-Zinn, et al, 2002). So, the present case study was designed with the objective of studying the efficacy of CBT and Mindfulness in the management of depression. Results of the intervention indicated that CBT and Mindfulness was useful in managing depression.

As evident from the result table, in the present case CBT and Mindfulness appeared to reduce depressive symptoms, the level of perceived stress as well as cognitive distortions or dysfunctional thoughts and improvement in the sense of self-efficacy, self-esteem and problem solving ability of the client. The number of CBT and Mindfulness sessions needed to achieve these results was 12. In addition the client continued to show improvements several months post treatment in depressive symptoms and other related areas indication improvement in the client's condition. This result is in conjunction with a research conducted by Kuyken et al. (2008) in which the relapse rate of depressive who were taught mindfulness in addition to their usual treatment, were compared to the control group and the results revealed that in the control group 22% didn't relapsed whereas, in the mindfulness group 64% didn't.

When CBT is combined with mindfulness better results can be obtained in a case of depression. As mindfulness helps the client to be non- judgemental, stay in the present moment, non reactively and acceptance (Kabat-Zinn, 2005) of situations as they are. When we analysed the thought pattern of the client, as in majority of depressed cases, her content was also negative about the past and future. Mindfulness helped the client to stay in present moment, not to judge or react and techniques of CBT accompany in changing/ modifying these thought patterns to more positive ones.

CBT for depression includes both behavioural and cognitive interventions; similarly in the present case both interventions were combined with mindfulness to treat depression. Activity scheduling treatment strategy from behavioural intervention was the first technique to be incorporated in the case. It primarily focused on increasing mood-related pleasant events and activities and also providing a sense of accomplishment or mastery (Kanter, et al., 2005). Activity scheduling is as effective as the full treatment package for depression (Huppert, 2009), which not only works for mood upliftment but also improves the self efficacy and self esteem of the client. As Bandura (1997) has mentioned that, the primary source of efficacy information includes past performance accomplishments, or mastery experiences (which activity scheduling provides) or social persuasion, social modelling and the interpretation of physiological or emotional states.Adding to this is a case study conducted by Wright et al., (2005) reporting improvements in clients sense of self esteem after practicing activity scheduling.

Another reason to obtain these results could be that when techniques which are at the core of CBT that is, cognitive restructuring, skills training and engagements in pleasure activities were added and used in combination with each other in the treatment. They not only helped in attaining better skills but also a sense of control over one's life. As when the client engage in pleasure activities she was able to understand the link between her activities and her mood, this further helps in enhancing the sense of self-efficacy and self esteem because task which were thought to be impossible were easy and doable for her now providing a sense of mastery. The graded task techniques also help in it by breaking difficult task in small steps.

Cognitive restructuring helped the client to monitor the thoughts and to substitute them with the more positive ones. When cognitive restructuring is combined with psycho-education, monitoring(in the form of thought diary), behavioural activation and homework assignments greater remission is achieved.(Huppert, 2009)

When she was trained in problem solving skills, she was able to solve the problems which were difficult and non solvable earlier.(Gotlib etal, 1979; D'Zurilla etal, 1982,) depressed people exhibit a reduced capacity to resolve personal and social problems. So when the client was trained in this skill she improved because she was able to achieve problem resolution and gained a sense of empowerment. Problem solving therapy has been shown to be effective for many

common mental health conditions including depression (Mynors- Wallis et al, 1995; Bell et al, 2009) and anxiety.(Mynors- Wallis 2005; Seekles et al, 2011) Most research has focused on depression.

Finally as she and her family understood the importance of compliance in psychotherapy, she was regular to the sessions and was following her homework assignments regularly and seriously. As the improvement in her condition was monitored during every session and she could acknowledge minute positive changes in her condition this would have added to improve her distress and prevent relapse.

CONCLUSION

It can be concluded that both mindfulness and CBT when employed together in the treatment of depression prove to be beneficial. Together both not only reduces the level of depression, stress perceived and cognitive distortions experienced but also enhances a sense of self efficacy, self esteem and skill of problem solving. Thus leading to a better life for the client.

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Conflict of Interests

The author declared no conflict of interests.

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Emotional Intelligence as Predictor of Mental Health among Chronic Disease Group

Manju[1]*

ABSTRACT

Health is considered a sense of wellbeing, inner happiness, and enthusiasm for living and harmony within self and with others, absence of disorders, conflicts, worries and anxieties. Emotional reactions and experiences affect both physical as well as psychological health. Negative emotional states are associated with unhealthy patterns of physiological functioning, whereas positive emotional states are associated with healthier patterns of responding in both cardiovascular activity and immune system. Taylor (2001) argues that emotionally intelligent people can cope better with life's challenges and control their emotions more effectively, both of which contribute to good psychological and physical health. So the present study was designed to see the relationship between emotional intelligence and mental health and to see the role of emotional intelligence in mental health. Multidimensional Measure of Emotional Intelligence (MMEI by C. R. Darolia, 2003) and General Health Questionnaire (GHQ by Goldberg & Williams, 1988) was used. Sample of the study comprised of 200 chronic patients. Data obtained was analyzed by using co-relation and regression analysis. Results revealed emotional intelligence is positively correlated with mental health and emerged as predictor of mental health.

Keywords: *Emotional Intelligence, Predictor, Mental Health, Chronic Disease Group*

Salovey and Mayer (1990) coined the term 'emotional intelligence' and described it as a form of social intelligence that involves the ability to monitor one's own and others feelings and emotions to discriminate among them and to use this information to guide one's thinking and action. Mayer and Salovey (1997) elaborated that emotional intelligence as 'the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth'. Emotional intelligence according to them involves areas such as 'identifying emotions; the ability to recognize how you and those around you are feeling using

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emotions - the ability to generate emotional and then reason with this emotion, understanding emotions - the ability to understand complex, emotions and emotional 'chains', how emotions transition from one stage to another, and managing emotions – the ability which allows you to manage emotions in yourself and in others. Goleman (1995) made a provocative claim that it Intelligence Quotient contribute up to 25% to life's success, the remaining was fulfilled through one's emotional intelligence and as a result predicted "Emotional Intelligence would contribute to the success at home, at school and at work."

Mayer and Salovey (1990) defined emotional intelligence as *"the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions."*

Individuals who can regulate their emotions are healthier because they 'accurately perceive and appraise their emotional states, know how and when to express their feelings, and can effectively regulate their mood states'. This set of characteristics, dealing with the perception, expression, and regulation of moods and emotions, suggests that there must be a direct link between emotional Intelligence and physical as well as psychological health (Salovey et al., 1999). An emotionally intelligent person can cope better with life's challenges and control their emotions more effectively, both of which contribute to good psychological and physical health (Taylor, 2001). There is a relationship between emotional Intelligence, stress and a number of measures of psychological health, such as depression, hopelessness and suicidal ideation among young people (Ciarrochi, Deane & Anderson, 2002).

Lack of emotional awareness and inability to manage emotions are key symptoms in some personality disorders and impulse control disorders (Matthews et al., 2002). Lower emotional intelligence and lack of awareness of emotional processes as well as impulse control problems are linked together; lower emotional intelligence is also associated with more alexithymia and less impulse control (Schutte et al., 1998).

Matthews et al. (2002) pointed out that medical disorders, especially ones with psychosomatic aspects, are often co-morbid with mood or anxiety disorders. Higher emotional intelligence is linked with aspects of better psychosocial functioning (e.g., Schutte et al., 1998; Schutte et al., 2001; Salovey & Grewal, 2005; Brown & Schutte, 2006), including intrapersonal factors such as greater optimism and interpersonal factors such as better social relationships. Some of these psychosocial factors, such as more social support and more satisfaction with social support for those with higher emotional intelligence (Brown & Schutte, 2006), may serve as buffers to physical illness. Further, those with higher emotional intelligence might be better able to follow through on commitments to health behavior and show better medical compliance.

Emotional reactions and experiences affect both physical as well as psychological health. Negative emotional states are associated with unhealthy patterns of physiological functioning, whereas positive emotional states are associated with healthier patterns of responding in both cardiovascular activity and immune system (Booth-Kewley & Friedman, 1987; Herbert & Choen, 1993). Salovey et al. (2000) discussed extensively the significance of emotional states on physical health suggesting that an individual's emotional status influence their perception of physical symptoms. This set of characteristics, dealing with the perception, expression, and regulation of moods and emotions, suggests that there must be a direct link between emotional intelligence and physical as well as psychological health. By keeping the above review in mind the present study was designed to see the relationship between emotional intelligence and mental health.

Objectives

- To examine the relationship between dimensions of Emotional intelligence and mental health among chronic disease group.
- To study the role of Emotional Intelligence in predicting mental health

Hypotheses

- Different dimensions of Emotional Intelligence would be positively correlated with mental health among chronic disease group.
- Emotional intelligence emerged as predictor of mental health.

Sample

The sample of the present study consisted of 200 chronic patients of both sexes of age 40 to 60 years with mean age of 48.63 years.

Tools used:

Multidimensional Measure of Emotional Intelligence (MMEI)

Multidimensional Measure of Emotional Intelligence (MMEI) scale given by C. R. Darolia (2003) was used. This scale used to provide reliable and valid measurement of emotional intelligence in accordance with Salovey and Mayer's 1990 model. The MMEI is comprised of 80 multiple choice items distributed in five dimensions, each consisting of 16 items. Each item is answered on a five-point scale, viz. very true, mostly true, somewhat true, mostly false, and very false. The sub-dimensions are listed as follows: self-awareness, managing emotions, motivating-oneself, empathy and handling relationships

General Health Questionnaire (GHQ)

General health questionnaire (GHQ-30) prepared by David Goldberg and Paul Williams (1988) was used to measure general mental health. GHQ-30 is a shorter version of the complete scale. Since the scale was designed to be useful in consulting settings, it focuses on breaks in normal function, rather than upon lifelong traits.

Procedure

The present study was conducted to examine the emotional intelligence as predictor of mental health of chronic disease persons. To achieve the objective of the study a sample comprised of 200 patients of chronic disease group which was collected from different hospitals of Haryana. Multidimensional Measure of Emotional Intelligence (MMEI) (Darolia, 2003 General Health Questionnaire (GHQ-30) (Goldberg & Williams, 1988) were administered in different sessions according to the convenience of patients. For data collection, all the participants were individually and personally contacted on their respective places. Major data of chronic disease group was collected from PGI Rohtak Haryana.

Statistical Analysis

The data collected was rendered to the following statistical analysis:-

a) Pearson product moment method of correlation.

b) Multiple regression analysis (step-wise).

Inter-Correlation Matrix of Chronic Disease Group (N-200)

VARIABLE	SA	ME	MO	E	HR	MH
SA	1					
ME	.42**	1				
MO	.22**	.45**	1			
E	.09	.02	.06	1		
HR	.17*	.42**	.52**	.02	1	
MH	.04	-.27**	-.44**	.21**	-.55**	1

The findings mentioned in Table1 (Inter-correlation matrix) describe the relationship between emotional intelligence and mental health among chronic disease group. The Table reveals that the measure of mental health is significantly correlated with four factors of emotional intelligence out of total five factors. Self-awareness, the first measure of emotional intelligence has no significant correlation with the measure of mental health for the total sample of chronic disease group.

Managing emotions, the second measure of emotional intelligence is significantly negatively correlated with the measure of mental health ($r=-.27$, $p<.01$) (Table 1).

The third measure of emotional intelligence motivating oneself ($r=-.44$, $p<.01$) is significantly negatively correlated with the measure of mental health (Table 1).

Empathy, the fourth measure of emotional intelligence is positively correlated with the measure of mental health ($r=.21$, $p<.01$) (Table 1).

Handling relationships, the fifth measure of emotional intelligence (r=-.55, p<.01) is also significantly negatively correlated with the measure of mental health among chronic disease group (here negative correlation implies the positive relationship due to the reverse scoring procedure of the measure of mental health) (Table 1). It clearly means that managing emotions, motivation oneself and skills of handling relationships has been related with better mental health. The positive correlation between empathy (a dimension of emotional intelligence) and the measure of mental health implies the negative association between them, which means that over sensitivity to other' feelings, concerns, and taking their perspective lead to poor mental health. On the basis of these findings the first hypothesis that states "Different dimensions of emotional intelligence would be positively correlated with mental health among chronic disease group" got accepted.

Regression Analysis

Regression analysis was conducted to identify the specific determinants of mental health of chronic disease group . For this purpose method of stepwise multiple regression was used.

Multiple R and R^2 change for mental health in chronic diseases group (as a consequence of step-wise regression equation)

Predictor	R^2	R^2 Change	β	SE	B	t-value	Sig.
Constant			44.84	5.91		7.59	.00
EI (Handling relationships)	.300	.300	-.43	.08	-.33	5.41	.00
EI(Motivating oneself)	.400	.037	-.30	.08	-.24	3.99	.00
EI (Empathy)	.434	.034	.26	.08	.17	3.18	.00

Findings mentioned in Table no.2 indicate that the variable of handling relationships (a sub variable of emotional intelligence), motivating oneself, and empathy (sub variables of emotional intelligence), met the criterion to enter in the regression equation and explained 43% of variance for mental health among the group of chronic disease. It indicated that all these variables are predictors of mental health.

The first variable that is handling relationships (a sub variable of emotional intelligence) entered in regression equation with R^2 0.300 (F=85.03, p<.01), and b-value is -0.33, which is significant at .01 level, which means that handling relationships accounted for 30% of variance in criterion variable i.e. mental health (Table 2).

The second variable motivating oneself (a sub variable of emotional intelligence) entered in the regression equation with R^2 0.400 (F=43.53, p<.01), and b-value is -0.24, which is significant at .01 level, which implies that motivating oneself accounted for 40% of variance in the criterion

variable together with handling relationships and realistic acceptance and only 4% of variance, when taken alone (Table 2).

The results presented in Table 2 further revealed that at the third and last step empathy (a sub variable of emotional intelligence) entered in the regression equation with R^2 0.434 (F=37.33, p<.01), and b-value is 0.17, which is significant at .01 level. This implies that empathy together with other predictors (i.e. handling relationships, realistic acceptance and motivating oneself) explains 43% of variance in the criterion variable, whereas at its own level it contributes only 3% of variance.

Tsaousis and Nikolaou (2005) also revealed that there is a relationship between emotional intelligence and health functioning and hierarchical regression analysis indicated the unique contribution of each of the emotional intelligence scales on the overall health score. Choubey et al. (2009) revealed that emotional intelligence and its various component abilities are associated with better health outcomes and lower levels of stress. Among the dimensions of emotional intelligence, the ability to manage emotion in self was found the best predictor of stress as well as health and regression analyses identified emotional intelligence as a positive resource in high stress condition.

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Conflict of Interests

The author declared no conflict of interests.

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Linking Hope and Emotional Creativity: Meditational Role of Positive Affect

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ABSTRACT

The study was conducted to examine a potential link between Hope and Emotional creativity (EC). In this context, Positive affect (PA) was explored as a mediator in the relationship between aforementioned variables. A sample of 300 undergraduate students from different streams namely- Fine arts, Fashion & Jewellery designing, Advertising and Conventional courses (B.A, B.Sc., B.Com.) was selected for the purpose. The results revealed that there was a significant positive correlation between Hope and EC ($r = 0.121$, $p< 0.05$); Hope and PA ($r = 0.446$, $p< 0.01$) and PA and EC ($r= 0.194$, $p< 0.01$). Regression analyses and Sobel- z test were used to test the research hypotheses. Mediation analyses revealed that Positive affect fully mediated the pathway between Hope and Emotional creativity.

Keywords: *Hope, Positive Affect, Emotion, Creativity, Emotional Creativity*

All information to the brain comes through our senses, and when this information is overpoweringly stressful or emotional, instinct take over and our ability to act is restricted to the flight, fight, or freeze response. Therefore, to have access to the wide range of choices and the ability to make good decisions, we need to be able to bring our emotions into balance at will.

EC combines emotion and cognition in ways that are useful for the individual. It involves the skill to deviate from the common and produce a novel emotional reaction. By learning to use the emotional and cognitive part of our brain together, we can expand our thought action repertoire and deal with emotional situations more effectively.

Life of young people is subject to the usual vicissitudes of academic life, friendship, romantic relationships and career etc. The increasing number of cases of depression and suicide among young people are indicators that many of them are unable to deal with these emotional ups and

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downs. The need is for learning new skills and ways to deal with them effectively. EC might be one of those skills.

If EC can be enhanced it will have a positive impact on overall personality and functioning of the individual. Very few empirical studies have been conducted in this field as it is a relatively new concept in context of emotions. Most of the studies done pertain to relationship of emotional creativity with factors like Emotional intelligence, Personality and Cognitive abilities. Therefore it occurred to the researcher to explore the concept of Emotional Creativity with positive variables like Hope and Positive affect.

Emotional creativity:

"Creativity" refers to those aspects of a person or process that contribute to a response that is judged to be novel, effective, and authentic.

This definition of creativity can be applied directly to the emotions. Specifically, an emotional response is creative if it is in some way novel with respect to the individual or group; if it is effective in enhancing the well-being of the individual and/or society; and if it is authentic, that is, a reflection of the individual's own self.

Novelty: an emotional response may be novel in any of the three ways; first a newly acquired response may be novel for the individual, yet quite standard for the group. Second, an already acquired response, one that is standard within the society, may be refined and applied in a novel ways. Third, a completely new and different emotional syndrome may be developed, one that is not standard for the culture.

Effectiveness: no matter how novel an emotional response might be, it must also be of some value to the individual or group. The emotionally creative response should be adaptive and effective.

Authenticity: the creative product should reflect in some way individual's own values and beliefs about the world. Emotional creativity- to the extent that it meets the criteria of authenticity- necessarily involves self-creation.

Thus, we can say that "Emotional creativity is expressing oneself (authenticity) in new and unique ways (novelty), such that one's personal horizons are expanded and interpersonal relationships are enhanced (effectiveness)." (Aveill and Nunley 1992)

Positive Affect

Paul Meehl's examination of "hedonic capacity" was first major theoretical step forward in field of positive emotions. Meehl suggested that "clinicians and theoreticians ought to consider

seriously the possibility, that not only are some people born with more cerebral 'joy-juice' than others but also that this variable is fraught with clinical consequences" (Meehl 1975). Meehl also suggested that individual contrasts in positive emotionality were to a large extent discrete and distinguishable from negative emotions.

In backing of Meehl's contention, many investigators have ascertained that two mainly autonomous aspects- negative affect & positive affect make up the essential aspects of emotional experiences.

Positive affect mirrors the degree to which one encounters positive emotions like joy, interest and alertness etc; on the contrary the negative affect measurement embodies the degree to which an individual experiences negative emotions such as fear, anger, sadness and guilt. Both of these states can be measured either as a fleeting state or as a long-term trait (in which case they typically are referred to as "negative affectivity" and "positive affectivity")

Hope

"When we meet real tragedy in life, we can react in two ways--either by losing hope and falling into self-destructive habits, or by using the challenge to find our inner strength."

- Dalai Lama XIV

Unlike other positive emotions, hope often occurs as the result of a negative situation in which an individual desires a positive resolution. Hope can also said to be a general perception that one's goal can be achieved. Hope is that fuel which drives individuals to succeed in unfavourable circumstances. In lay man's term hope is considered to be an affective occurrence i.e. an emotion experienced when all convenient ways to attain a desirable goal have been exhausted.

Snyder (1991) reconceptualises hope as *"a process through which individuals actively pursue their goals and not as a passive emotional phenomenon. Hope is a goal-directed cognitive process."*

"Hope is a goal-focused cognitive process that is conceptualized by three necessary and interactive components: goals, agency thinking, and pathways thinking" (Snyder, Feldman, Shorey, & Rand, 2002).

Goals: Human behaviour is mainly goal- directed. These goals can either be short-term or long-term but they should be significantly important to the individual to occupy conscious thoughts. Also, the nature of goals should be attainable yet challenging.

However, before an individual indulges in goal attainment behaviour, he has to engage himself in two other cognitive actions: pathways and agency thinking.

Pathways thinking: Individuals need to produce conceivable paths to accomplish their goals. Pathways' thinking is an individual's perceived ability to generate effective routes to achieve required goals. Since some of these routes may not succeed because of possible deterrents, people with high levels of hope create multiple routes to achieve their goals and thus are described as "flexible thinkers". Whereas people with low levels of hope does not represent same sort of flexibility and becomes disheartened if their routes gets blocked.

Creating pathways is a crucial step in the process of attaining goal but it remains trivial without proper spur to apply these pathways. Here comes the role of the last component of hope-theory i.e. Agency thinking.

Agency thinking: it is the apparent capacity to utilize one's pathways in order to accomplish the desired goals. This component is significantly important when an individual experiences a hindrance in goal attainment. It motivates the person to continue in pursuit of goal, by choosing and applying alternatives to sustain the pathways.

METHOD

Objectives:

1) To study the relationship between Hope and Emotional Creativity
2) To study the relationship between Positive affect and Emotional Creativity
3) To study the role of Positive affect as mediator variable between Hope and Emotional Creativity.

Hypotheses:

- H1: Hope will be positively correlated to Emotional Creativity
- H2: There will be a positive correlation between Hope and Positive Affect
- H3: Positive Affect will be positively correlated to Emotional Creativity
- H4: The relationship between Hope and Emotional Creativity will be mediated by Positive Affect

Sample:

The sample of the study consisted of 300 male and female undergraduate students in the final year from different programmes viz. Fine arts, Advertising, Jewellery & Fashion designing, Science, Social Science and Commerce. These students were selected with the following criteria of inclusion and exclusion:

- CRITERIA OF INCLUSION

1) Students of upper middle and upper socio-economic background with an urban domicile
2) Final year undergraduate students
3) Students within the age group of 20 – 23 years

- CRITERIA OF EXCLUSION

1) Dropouts or students repeating the final year of the degree course

2) Students with physical disability or with history of psychological ailments.
3) Students of professional and technical courses

In the present study purposive sampling technique was used. When one uses judgment and planned efforts to obtain a representative sample, that includes typical areas or groups, then it is termed as purposive sampling. In this type of sampling, one picks the cases to include in the sample that is satisfactory in relation to one's needs. Hence, this type of sampling is convenient and time saving.

Design of the study

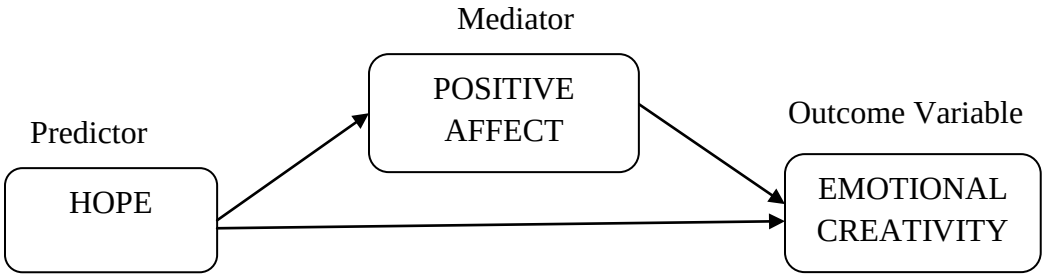

Fig: diagram showing the design of the study

The design of the study was causal research design as the focus was on investigating the causal effect of Hope on Emotional creativity, which was assumed to be mediated through Positive Affect.

Measures

In this study the following tests were used for data collection
1) Emotional Creativity Inventory (Averill, 1999)
2) State Hope Scale (Snyder, 1995)
3) Positive Affect Negative Affect Scale (Watson, 1988)

Procedure:

Initially permission was taken from authorities of various Universities then based on the criteria of inclusion and exclusion students were selected. The selected students were contacted personally and set of questionnaire was given to them. All the tests in the set were paper- pencil self report measures. Students were asked to read the instruction and give their responses on likert type scale. The tests were administered in a group setting and order of administration was random. Thereafter, the results were compiled and trend was studied.

Statistical Analyses

For the purpose of statistical analysis, SPSS 'Statistical Package for Social Sciences' version 21.0

Following analyses were computed.

(a) Karl Pearson's Coefficient of correlation

(b) Regression and Mediation analysis: For meditational analysis, steps for testing of mediation as described by Barron & Kenny (1986) were followed.

(c) Sobel test: It is used to test the significance of mediation effect. For the analyses, procedures and macro given by Preacher and Hayes (2004) were followed strictly.

RESULT

Table 1.1 Mean, S.D and Pearson correlation matrix (n = 300)

Variables	Mean	SD	1	2	3
1.Hope	32.75	6.65	1	-	-
2. PA	35.35	6.79	0.44**	1	-
3.EC	102.23	9.32	0.12*		1

*Significant at 0.05 level ** Significant at 0.01 level

Mediating effect of Positive Affectivity (PA) between Hope and Emotional Creativity (EC)

A. Path coefficient estimates

Table 1.3 Regression coefficients to predict EC from Hope

Model		Unstandardized Coefficient		Standardized Coefficient	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	96.667	2.690		35.932	.000
	Hope	.170	.081	.121	2.108*	.036
a. Dependent Variable: emotional creativity						

[NOTE: Fit for model $R^2 = 0.015$; Adjusted $R^2 = 0.011$; $F(1,298) = 4.446$, $p < 0.05$]

Table- 1.3 indicates that 1.1% variance in EC is accounted for by Hope. The unstandardized regression coefficient for the prediction of EC from Hope (c = 0.170) is statistically significant [t (298) = 2.108, p < 0.05]

Table 1.4 Regression Coefficients to predict PA from Hope

Model		Unstandardized Coefficient		Standardized Coefficient	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	20.411	1.767		11.551	.000
	Hope	.456	.053	.446	8.623**	.000
a. Dependent Variable: Positive Affect						

[NOTE: Fit for model $R^2 = 0.199$; Adjusted $R^2 = 0.196$; F (1,298) = 74.358, $p < 0.001$]

Hope accounts for 19.6% variance in PA. The unstandardized coefficients (a = 0.456) has been found to be statistically significant [t (298) = 8.623, $p < 0.001$]

Table 1.5 Regression Coefficients to predict EC from Hope and PA (mediating variable)

Model		Unstandardized Coefficient		Standardized Coefficient	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	91.758	3.200		28.674	.000
	Hope	.060	.089	.043	.675	.500
	PA	.241	.087	.175	2.762	.006
a. Dependent Variable: emotional creativity						

[NOTE: Fit for model $R^2 = 0.039$; Adjusted $R^2 = 0.033$; F(2,297) = 6.086, $p < 0.01$].

Hope and PA account for 3.3% of variance in EC and predict the same significantly. The unstandardized coefficients for path b = 0.241, t (297) = 2.762, $p < 0.01$; and path c' = 0.060, t (297) = 0.675, p = 0.500

B. Evaluating statistical significance using Sobel test

Table 4.6 Mediating analyses of PA between Hope and EC

Variable name	Beta	t-value	P-value
Hope → EC	0.1698	2.1085	0.0358
Hope → PA	0.4560	8.6231	0.0000
PA → EC (controlling Hope)	0.2405	2.7619	0.0061
Hope → EC (controlling PA)	0.0601	0.6751	0.5001
Indirect effect	0.1097	Z-value 2.6143	0.0089

PA = Positive Affect

EC = Emotional Creativity

Results in the above table indicate that (i) EC is predicted by Hope, (ii) Hope predicts PA, (iii) EC is predicted by PA irrespective of whether individual is hopeful or not (iv) with controlling for PA, the relationship between Hope and EC became insignificant ($p = 0.500$). Hence the results point at full mediation such that PA completely impacts the relationship between Hope and Emotional Creativity of a person. This is also supported by z- value for the indirect effect (2.6143) which was significant ($p < 0.01$) indicating that the effect of Hope on Emotional creativity when mediated by Positive Affect can be judged statistically significant.

DISCUSSION

Direct Pathways:

(i) Hope and Positive Affectivity (PA)

Most positive emotions arise when we feel safe and satiated. Hope is the exception. It comes into play when our circumstances are dire – things are not going well or at least there's considerable uncertainty about how things will turn out.

The first hypothesis stated that there will be a positive relationship between Hope and Positive Affect. The results supported the hypothesis and significant positive correlation has been found between the two variables ($r = 0.446$, $p< 0.01$). Regression analysis further shows that 19.6% of variance in PA is accounted for by Hope which is significant at $p< 0.001$ level. This indicates that the people with higher level of Hope will show more Positive Affectivity.

Several studies in the past have examined the relation between Hope and the component parts of well being including affect. Higher Hope is associated with reports of higher positive and lower negative affect (Snyder, Harris et al 1991)

Steffen and Smith (2013) examined the interplay of Hope and affect and found that Hope was significantly related to same day reports of positive affect and significantly predicted next day positive affect. The relation between Hope and positive affect did not vary in relation to stress. The results from this study suggest Hopeful thought predicts Positive Affectivity.

There is evidence that the association between measures of Hope and PA is large in magnitude, ranging from 0.52 to 0.77 (Feldman and Snyder, 2005; Mascaro and Rosen, 2005). People with higher levels of Hope endorse a greater frequency and intensity of positive emotions and on the contrary, fewer and less intense negative emotions (Snyder et al., 1996).

Positive affect is a component of the approach- oriented behavioural facilitation system, which directs organism towards situations and experiences that potentially may yield pleasure and rewards. Within the theoretical framework given by Snyder et al (1991) Hope and positive affect are hypothesized to be related in two ways viz. Positive affect results from goal (sub-goal) success and over time, repeated successful goal pursuits tend to result in a consistent positive

mood disposition. The relation of Hope and PA works in a chain- Hope focuses on achieving goals, when goals are achieved individual experiences positive emotions, which further motivates the person to work actively in direction of other goals.

Both Hope and PA act as an antidote for the lingering effects of negative thoughts and emotions. A person who experiences more positive emotions is less likely to be depressed, stressed or anxious. Similarly, Hopeful individuals focus more on how to deal with the obstacles, rather than focussing on the problems. Positive emotions undo the effects of negative emotions as stated by undoing hypothesis (Fredrickson & Leverson, 1998; Fredrickson et al 2000). Both Hope and PA increase positive thinking in the individual and act as a buffer.

Hope can influence one's emotions as they are a consequence of goal-directed behaviour and thoughts. When an individual makes a progress in achieving a goal or overcomes the barriers in attaining the goals, he/she experiences positive emotional state. The data of the study converge with these claims that a higher level of Hope is predictive of positive dispositions or mindsets.

(ii) Positive Affect (PA) and Emotional Creativity (EC)

The hypothesis stated that there will be a positive relationship between PA and EC. The results supported the hypothesis and significant positive correlation has been found between the two variables ($r = 0.194$, $p < 0.01$). Regression analysis further shows that 3.5% of variance in EC is accounted for by Positive affect which is significant at 0.001 level. This suggests that if a person has greater Positive Affect he/she will be emotionally more creative.

Positive Affectivity is an attribute that describes how humans experience positive emotions and interact with others and with their surroundings. It is an integral part of day to day life. It helps to process emotional information efficiently and accurately. People with high Positive Affect are typically energetic, enthusiastic, confident, alert and active.

From the above discussion it can be suggested that Positive Affectivity enhances emotional creativity because positive feelings increase the tendency to combine material in new ways and to see relatedness between divergent stimuli. This occurs because the large amount of cognitive material cued by the positive affective state results in a broader perspective.

Many studies on cognitive processes such as memory, decision making, and problem solving have shown that positive affect is generally facilitating. For example, it enables flexible thinking and creative problem solving on tasks that otherwise are very difficult, and it promotes thinking that is not only efficient but also careful, open-minded, and thorough. (Isen, Daubman and Nowicki 1987). Furthermore, the experience of positive affect is known to promote social interaction, helpfulness, generosity, and social responsibility—and it does so without undermining attention to a person's own long-term welfare.

Indirect pathway:

(i) Hope and Emotional Creativity(EC) mediating role of Positive Affect(PA)

On performing mediation analysis, it was observed that the path coefficient from Hope to Emotional Creativity (c = 0.170) dropped to (c' = 0.060) and became insignificant (p = 0.500) when controlling for Positive Affectivity. This indicates that mediation effect of Positive Affectivity was full. The indirect effect (z = 2.6143) was high and significant ($p<0.01$), confirming the presence of a mediating pathway.

Hope, Humour and Happiness are categorized as positive emotions and Positive Affectivity is described as a person's ability to experience positive emotions. The relationships among these variables are best explained by Fredrickson's Broaden and Build Theory of Positive Emotions.

People high on positive affectivity tend to be more open to expansive ideas and willing to look beyond their immediate situation and concerns, they can use this emotional energy for greater creative expression. Since, Emotional creativity requires divergent thinking process and creation of appropriate, and yet authentic, responses. (Jenaabadi, Marziyeh and Dadkan 2015) Positive affectivity forms a bridge between Positive emotions and Emotional creativity. Broaden and Build theory's key proposition is that positive emotions broaden an individual's momentary thought–action repertoire. When he/she experiences positive emotions these broadened mindsets promote discovery of novel and creative actions, ideas and social bonds, which in turn build individual's personal resources; ranging from physical and intellectual resources, to social and psychological resources.

The need for Emotional creativity arises when already existing emotions don't work effectively and an individual is required to expand his personal horizons. EC requires divergence from the norms and pertains to the richness of a person's emotional life. Positive affectivity through positive emotions prepares a ground for emotional creativity to flourish by enhancing divergent thinking and creation of novel ideas in an individual. EC paves the way for an individual striving towards actualization of their potential.

If Hope is ability to see the silver lining on the cloud, Emotional creativity can said to be the capability to create that silver lining.

CONCLUSION

The present study focussed on exploring the relationship between Hope, Positive affect and Emotional creativity. Results revealed a significant positive correlation between the predictor, criterion ad mediating variable. Also, Positive affect was found to fully mediate the pathway between Hope and Emotional Creativity. Since there is not much literature available exploring relationship of aforementioned variable, this study would add to the body of research.

Our society is changing rapidly, because of which our values, culture and family structure are also changing at a very fast pace. Change, be it in any form or field, can initially create confusion, resentment or emotional turmoil. In such situation, learning to be emotionally more creative would help in understanding and expressing our emotions and to deal with them in a unique and novel way. Emotional creativity allows an individual to transform his emotions to better fit his personal needs and requirements. EC suggests a different way of looking at emotions, it can be useful for both therapists/counsellors as well as clients. It would allow them to see the situations from a new perspective and thus deal with it effectively.

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Conflict of Interests
The author declared no conflict of interests.

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Role of Economic status and Mother's Work Status on Parenting

Priti Sharma[1]*

ABSTRACT

Parenting is the process of promoting and supporting the physical, emotional, social and intellectual development of a child from infancy to adulthood. It refers to the aspects of raising a child aside from the biological relationship (Davies, 2000). Children are the building blocks of a developing family. Their level of development, socialization and advancement decide the future of any society or country, where parents play a key role in growing their children in a socially responsible person and righteous citizens (Steinberg, 2000). Parents fulfill the psychophysical needs of their children and help them growing physically, psychologically and spiritually under given norm of their community (Hoghughi, 1998). At the other end, children develop specific cognitive skills, learning strategies and personality attributes under the guidance of their parents. Simultaneously, their health problems, wellbeing needs and adaptive functioning are also dealt by their parents (Bradley and Caldwell, 1995). Parents encourage love, acceptance, warmth, independence and democratic ways of dealing with their children (Rohner, 1986). In many traditional societies like India, they appear to be made for the promotion of their children in their personal lives as well. Therefore, parenting is one of the most important functions of the institution of family of any society.

Keywords: *Work status, Economic status, Positive parenting and Negative parenting.*

Good parenting is the predictor of children's social and emotional adjustment (Maccoby 2000). In this concern, Martha Farah's PhD (2008) through the American Association for the Advancement of Science, reported that children who suffer deprivation in early life due to poor parenting and un-stimulating home lives show altered patterns of brain growth by the time they are aged 15 (Rao & Betancourt, *et al.* 2010). The empirical researches have evident that children are influenced by the way parents behave towards them (Kiff, Lengua, & Zalewski, 2011).The inability to deal with child's communications and emotional needs contributes further to the child's disturbance in behavior and personality as well as total development. This is the reason that unsupportive parenting, even due to genuine reason is psychologically harmful for the children, affecting their adjustment capabilities (Maccoby 2000; McLeod et al. 2007). Therefore,

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proper upbringing of a child by an aware an educated parent is necessary for realistic attitude towards self, family and society, which may be of any social class, creed or status.

Types of Parenting: Psychologists have divided parenting in two different roles. They are fathering and mothering, which are complementary to each other for the child. Though the two concepts were critical to a group of social psychologists but every society deals with different defined roles of each other. Fathering refers to a relationship that represents power, financial security, dominance, and connectedness, at the same time, the child incurs abilities, material, spiritual values etc from their father. The mothering was defined as an intimate emotional interaction between mother and her child which determines proper development and socialization process of child. Although, American Psychological Association (2005) has long declared that the word mothering should generally be avoided, because it is a biologically based pattern of behavior that includes breastfeeding, carrying, secure attachment, mutual rewards, enjoyment and empathy.....which help to sustain healthy development if the environment is supportive and meets basic human needs (Cook, 2009). This paper is considering parenting as mothering.

Functionally, parenting was also divided into two other types they were negative and positive parenting. Negative parenting refers to negative emotional attitudes towards children which encourage hate, discouragement, rejection, conservatism, autocratism, dependency, and submission. Negative parental discipline is associated with increased risk of conduct problems (Hill, 2002). Positive parenting refers to parental behaviors based on the best interests of the child. It provides nurturing, empowering, recognition and guidance, and involves setting boundaries to enable the full development of the child. Positive parenting supposes respect for children's rights and a non-violent environment where parents do not use corporal or psychologically demeaning punishment to resolve conflict or teach discipline and respect (Council of Europe, 2012). Such a parenting is instrumental to early child development with lasting effects on a child's overall health, social relationships, language development and academic achievement (Piotr Wilk, 2006; Landy & Tarn, 1996, 1998)

Parenting and Economic Status: Empirical studies have revealed that ways of parenting and parenting attitude differ in different economic status families, as this variable functions as a facilitator in the process of parenting. This is because the parents belonging to rich family have different attitude and ways of dealing with their children then the parents belonging to medium or lower economic status family. Besides it, the children belonging to poor or higher economic status groups limit with one or the other parenting role/expectations due to demanding personal, professional or business needs of their parents where as the children from medium socio-economic status group become beneficiating of parenting and nurturance by their mother and father both (Kim and McKenry ,1998, McDermott, 2001).

It is observed in the families with high economic status, that father is busy in their profession/job/business activities and mother has other affairs to fulfill her subjective needs and both more often fail to give proper guidance, value, times, care and raring to their children. They can arrange better facilities and money to fulfill other demands of children but the child is left unattended at need, consequently suffer from emotional dissatisfaction. The children of this chunk of population may be more overt, expressive and independent, but always prone to be involved in antisocial or criminal activities (Elder, & Caspi, 1988). Whereas, the parents of medium economic status families have realistic views about parenting due to sufficient resource availability, awareness about parents-child relationship and proper interaction with child. They may use physical punishment for discipline but simultaneously care for child's needs at hand. Due to neighborhood competition they encourage educational and career activities more efficiently and able to give needful environment to their children too (Baldwin & Cole, 1990). The parents belonging to lower economic status have instability and scarcity of economic conditions which bring more psychological distress and hostility in parenting behavior (Leder & Caspi, 1988). Consequently, they are not able to provide required facilities and implant unobserved psychological distress in their children, which left the child with guilt and inferiority as well as suppressed aggression against parents and society. Parents of this group would more likely to use physical punishment for discipline and would be less supportive or affectionate with their children due to individual distress (Gecas, 1979; McLoyd, 1990). Therefore, the economic status is an important variable to be studied in relation to parenting behavior in Indian context.

Parenting and Mother's Work Status :Though, the surveys of NDTV, India Today and The Guardian revealed that India is the most dangerous place for women but in last four decades of Indian socioeconomic development, a major shift has been seen in the social conditions, living standard and life style of Indian women (mother). Today, the females over 25 years of age with secondary education are 26.6%, women in labor force are 32.8% (Human Development Report. 2010 and 2009 respectively) and the senior positions in businesses have catapulted from 9% in 2011 to 14% in 2012 (International Business Report, IBR' by Grant Thornton) and so on (Wikipedia). The women of present India is no more a traditional home bound charlady, rather they have developed the abilities of bearing dual roles of her family as a wife and employee in the office expeditiously. They are educated and aware thus tend to experience changes more efficiently and empowering their abilities to adopt the changing socioeconomic environment in all conditions but at the same time some area has emerged as weak outcomes of this social change that is altered psychological and emotional development of their children.

About two decades before, it was observed by researchers in India that working women are not able to nurture their children properly thus affecting emotional development of their children (Dunifon, Kalil & Bajracharya, 2005; Knaub, Eversol, & Voss, 1983; Nettelbladt, Uddenberg & Englesson, 1981). Previously it was held that fulltime working women would serve her office and family efficiently but unable to devote needful time even for her, then how could she

commit valuable time to their children at need. Consequently, this would give rise to isolation, discouragement, inattention, miscommunication, aggression and behavior problems in her children (Chamberlain & Patterson, 1995; Hill et al. 2003). But the studies done in the current scenario indicated a significant shift in traditional view about working mother to the fact that they executes more successful parenting with higher sensitivity then a home maker mother (Brooks-Gunn et al., 2010). Because being more educated and aware, she is exposed to variety of information around her, thus she bears a responsible parenting (Horwood and Fergusson, 1999). Her advanced thinking about parenting style, economic stability and high confidence help her to nurture her child with love, care, and respect. In such conditions the child probably develops with self confidence and an independent attitude. Against this the house maker women were explained to be poorly informed about needs of modern world and half filled information about new changes and stagnant to old values lead them to have contradictory expectations from their children, thus make their children problematic, aggressive, argumentative and violent. A house maker woman can care the child at home and satisfy emotional needs but equally pressurize their children to live their life according to her own wish (as she has learnt the same during her own socialization at childhood) which influence the socio-emotional development of the child. They are also observed to devote less time in school related activities of their children then working mothers (Muller, 1995). Therefore work status of mother was another important variable considered in the study to find out casual relationship with parenting behavior. Considering above discussion in mind the present study aimed to find out the effect of economic status on parenting of working and house maker middle age adult mothers.

METHOD

Sample:

The sample for the study was consisted of 120 working and home maker mothers of age range 30-40 years. The sample was taken through quota random sampling from Hapur City. Only those subjects were included in the study whose husband was working in Govt. or Private sector. These subjects were consisted of three groups of Economic Status, i.e., high (HES) medium (MES) and low (LES)] with 40 Ss in each group and each economic status group was further consisted of two groups of Mother's Work Status, they were working and house maker mothers with 20 subjects in each cell. In this way a 3 x 2 factorial experimental design was employed in the research.

Tools:

In the present study following scale were used for data collection:

1. Case Record Sheet: It was consisted of general information about child for the purpose of selection of subjects; they were name, age, gender, parental occupation, education etc.

2. **Multi Dimension Parenting Scale:** The scale was developed by Chauhan, N.S. and Khokhar, C.P. (1985). The scale is consisted of 56 items used to measure level of parenting. This scale measures the level of parenting on 7 opposite paired dimensions. They

are Love-Hate, Encouragement-Discouragement. Acceptance-Rejection, Progressiveness-Conservatism, Democratism - Autocratism, Independency-Dependency, and Dominance-Submission. The scale has a high average test-retest reliability of 0.62 and split-half reliability of 0.70. The obtained average validity of the tool was 0.70 on positive & negative dimension on the basis of score obtained from 50 parents.

RESULTS

The data was systematically tabulated and statistically analyzed by mean, S.D. and Analysis of Variance. Obtained results and its detailed interpretation and discussion are given as follows:

1 Economic Status and Positive Parenting: The result Table-1 showing summary of ANOVA for positive parenting scores indicated that the economic status significantly influenced positive parenting of mothers [E(92,l 14)=39.35; p<0.01]. This means that three groups of economic status differ significantly in positive parenting. The mean and S.D. scores of positive parenting of three economic groups indicated that MES group (Mean-162.51 SD-14.96) was bearing significantly better positive parenting than HES (Mean-133.65, SD- 17.92) and LES (Mean- 135.14, SD-18.27).

Table 1: Mean S.D. and F-scores for Positive Parenting of Three Groups of Economic Status and two Groups of Mother's Work Status.

Variable	Level of variance	Mean	S.D.	F-Score
Economic Status Status (ES)	High	133.65	17.92	39.35** (2)
	Medium	162.51	14.96	
	Low	135.14	18_f27	
Work Status (WS)	Working	148.43	21.35	9.73** (1)
	House Maker	135.10	20.94	

Work Status and Positive Parenting : Table-1 also indicated that the mothers work status was also found significantly effective on positive parenting at 0.01 level of significance [F(l,l14)=9.73; p<0.01]. This means that mother's occupation significantly influenced positive parenting of mothers. The mean and SD scores from Table -1 depicted that working mothers [Mean-148.43, S.D.-21.35) were significantly higher in positive parenting than house maker mothers (Mean-135.10, SD- 20.94). This indicated that positive parenting of working mother was significantly better than house maker mothers.

Economic Status and Negative Parenting : The table-2 is showing summary of analysis of variance for negative parenting. The table depicts that the economic status was found significantly effective on parenting of mother's at.05 level of significance [F-(2,114)= 4.48, p<.05]. This means that the three groups of economic status differ significantly in negative parenting of working and house maker mothers too. Further the table-2 is showing that the mean and SD scores

of negative parenting of MES (M-67.67, SD-16.88) group was significantly higher as compared to LES (M-60.66, SD-19.27) and HES (M-55.93 SD-14.94). This means that mothers MES group express higher negative parenting then other two groups.

Table -2: Mean and S.D. Scores of Negative Parenting of the Groups of Economic Status and Mother's Work Status.

Variables	**Level of Variable**	**Mean**	**S.D.**	**F-Score (df)**
Economic Status (ES)	High	55.93	14.94	4.84** (2)
	Medium	67.67	16.88	
	Low	60.66	19.27	
Work Status	Working	60.63	18.30	26 (1)
(WS)	House Maker	62.21	17.12	

Work Status and Negative Parenting: From table 2 it can also be seen that mothers work status was not found to significantly effective on negative parenting of mothers at .05 of significance [F-(1,114)= 0.26, p>.05]. This means that the negative parenting did not differ significantly in between groups of work status. The study of same table-2 also indicated that mean negative parenting score for house maker mothers (M-62-21, SD-17.12) which was slightly higher than working mothers (M-60.63, SD-18.30) but the two groups did not differ significantly in negative parenting.

DISCUSSION

The present study aimed to investigate the effect of economic status and work status on positive and negative parenting of middle age adult mothers. The study was conducted on 120 mothers of three economic status of working and house makers. The detailed interpretation of results indicated that economic status was found to be significantly effective variable on positive and negative parenting of working and house maker mothers. The results also co-vary with the researches of Spencer and Dornbusch 1990) who suggested that SES significantly influence parenting due to depression and current opportunities. This is also observed that the socio-economic issue has effects on family factors, which in turn influence parenting behavior and consequently result in differed child's attitude and behavior (Dodge, et al., 1994; Larzelere and Patterson, 1990; Stern and Smith, 1995). Further the result indicated that the mothers of MES group have more interactive relationship with their children as compared to other two economic status groups, i.e., HES and LES. The reason may lie in the fact that mothers of LES and-HES have so many psychological factors which divert their attention against their children, therefore, they show poor parental supervision, vigilance and child rearing (Farington and Loeber, 1999; Smith and Stern, 1997).

In Indian society, the mothers of LES share their husband's business of earning bread for family and children. They have poor management skills thus do not encourage proper care, love, and satisfactory emotional needs of their children at need Smith and Stern (1997). They always bear mental pressures of instable economic conditions and impose similar distress over their children in the form aggression and guilt, thus show poor parenting. They use punishment and negative rewards for controlling children (Gecas, 1979; McLoyd, 1990). On the other hands HES are being more materialistic fulfill so many monetary needs and provide best physical world facilities but not able to give value time to their children thus children of this group experience deprivation of love, attention and care and consequently feel insecure, frustrated, isolated and rejected by family and society. These children develop hate and aggression towards their parents and become prone to involve in criminal activities too (Lipsey and Derzon, 1998). Therefore, both groups have scored poorly on positive or negative parenting as compared to MES.

When it comes to MES it can be seen that at least in Indian society husbands of MES group are hard worker, show devotion to family and feel worthy of saving time for their family and children. The husbands share family responsibilities like, house making, marketing, and school liabilities irrespective of their wives working or house making status. Thus children of this group get quality time, proper love, encouragement and independence from their mother as compared to other two groups thus never fall in negative or anti-social activities (Kolvin, et al., 1988a). Unfortunately in many cases children vary over personality, attitude and mood thus more often mother's exaggerated interaction result in negative parenting attitudes and attributes too (Farington and Loeber, 1999). That is why mothers of MES have also scored higher on negative and positive parenting both as compared to other two, LES and HES groups of middle age adult mothers.

Further the study revealed that working mothers were found to be scored significantly higher on positive parenting as compared to house maker mothers. This means that working mothers give positive parenting more efficiently than house makers. The positive parenting particularly warmth (Masten and Coatsworth, 1998), serve the child to protect him/her from the detrimental influence of negative parental practices. The working mothers of 80s might be failing to give better parenting to their children as compared to house maker mothers due to inability to give quality time to their children and dependence of women on husband and family. But in the present time working mothers are economically independent and mentally realistic about the things around them, thus they can understand their child's needs better and resolve them easily. They know the challenges of present conditions, and what course of action to be taken for the development of her children. This the reason that she succeeds in providing satisfaction and emotional help at hand to her children and child feels loved, encouraged, accepted, independent and progressed under her parenting and child experience fewer behavior problems (Kotchick and Forehand 2002). Where as a house maker satisfy one's child needs emotionally and feel helpless

when child start argument about new challenges and emerging needs at hand thus fail to provide good mothering to her child. She may impose one's own childhood experiences over her child and suppress the natural desires and instincts of child, but, during the course she becomes the victim of her child's emotional insecurity and mental stress. Thus, under her parenting the child feels hated, discouragement, rejected, conservative and dependent of mothers which are the dimensions of negative parenting. This was the reason that working mothers were found to be bearing good parenting.

As far as negative parenting is concerned physical punishment, negative leveling (idiot, moron, dirty etc.), and mental pressure for high academic achievement is very common practice in almost all Indian, families. This cause frustration, antisocial behavior, feeling of rejection, violence and offence in children (Herrenkohl, et al 2000; Kelly, et al., 1992; Farington, Loeber and stquthaner-Loeber, 2003) that results in negative parenting. Therefore no significant effect of work status was observed on negative parenting of mothers.

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Conflict of Interests

The author declared no conflict of interests.

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The Efficacy of Cognitive Mindfulness Treatment in Decreasing Irrational Communicative Beliefs of Couples of Tehran City: An Independent Project

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ABSTRACT

Background and Objectives: Historically mindfulness is one of the main techniques used by in Buddhist reflection that is rooted in the respective religion. The basics of this concept can be traced to the oldest Buddhist texts. The current research has been done by the aim of investigate mindfulness therapy based on cognition in reducing communicative and irrational beliefs in couples in city of Tehran. ***Materials and Methods*** : In one empirical study in random clinical experimental working form ,with pre-test & post-test ,30 couples (60) of Tehran City that has referred to one & two areas consultation clinics of this City were selected by available ampling method and randomly were allocated with Excel software into two examine and control groups . In two steps the couples were answered to Jones irrational questioner responding rate = 0/91) and responded to Epstein & Eidelson communicative beliefs (responding rate = 0/90). Mindfulness therapy protocol was presented in 12 weekly sessions. The participants did pre-test & post-test (after 12 teaching weeks).The data were analyzed by using ancova covariance. So the qualitative data of demographic assessment were coded and were assayed with analyzing software of qualitative data ATLAS. ti - 5.2. ***Results:*** The findings results indicated that mindfulness therapy based on recognition is effective in reducing couples communicative (P<0/005) & irrational (P<0/001) beliefs, that totally 0/51 of changes variance in irrational beliefs, is determined by therapeutic intervention. ***Conclusion:*** The results show that mindfulness therapy based on cognition is effective in reducing irrational & Communicative beliefs in couples in city of Tehran.

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Keywords: *Mindfulness base on cognition, Irrational beliefs, Communicative beliefs*

Marital relationships is one of the most intimate and private kinds of human relationships and is one of the innate human needs. The relationships with espouse can be the basis of feeling of comfort, support and enjoyment and this is as such that the same relationships can also become the source of anxiety, feeling of failure and dissatisfaction . When two persons with different needs and different tastes start living together, the persistence and quality of their life depends on knowledge, skill and aptitude of each of them in stabilizing this relationship. Fluctuations of the marital relationship and the satisfaction from it can be influenced by various factors among which we can refer to potentialities to solve problem, communicative beliefs and irrational skills of couples (Tabatabaee, 1388).

Today the communicative problems of couples is one of the most important issues in the field of marital satisfaction , (Kaplan & Saduk , 1394) state that relationships form a matrix in which most people spend their life; relationships are the source of comfort, connection, happiness and also the source of commitment, responsibility and conflict (Rezaee , 1385). Irrational thoughts are beliefs that focus on compulsion, commitment and duty and cause anxiety and disharmony in the structure of personality. Irrational beliefs can be called wants and goals that appear as essential preferences that if they are not met cause disorder and unrest (Biyabangard , 1381). Irrational beliefs are the processes that in their extreme predomination lead to severe disorders that often are called emotional disorders. On the other hand inappropriate communicative beliefs refer to every thought, excitement or behavior that cause self-destruction and self-harm and significant consequences of which are temperamental disorders and health disorders. Mental diseases and psychological disorders of couples are the result of wrong recognitions, inappropriate beliefs and opinions and their wrong attitudes (Ellis, 1975, 1988, 2001).

One of the treatment methods that focus on mind and mind conscience is mindfulness treatment. Historically mindfulness is one of the main techniques used by in Buddhist reflection that is rooted in the respective religion. The basics of this concept can be traced to the oldest Buddhist texts. Mindfulness is one of the goals of reflective religions especially Buddhism (Falkenström, 2010).

Mindfulness has been defined as the state of motivated attention and awareness of what is happening (Walsh , 2009) and emphasizes development of three qualities of judgment avoidance, purposive awareness, and focus on present moment in individual attention. Mindfulness not only aims at changing functional trend and mental health by mental training of clients but also changing their way of performance and their relationships (Brown, 2007). This treatment which is a short-term structured intervention designed by](Teasdale et al ,2000,2002) and it is developed based on mind-anxiety decreasing model and therapeutic principles are then

added to it (Keng SL , 2011). It considers special behavioral, cognitive and met cognitive approaches to focus on the process of attention and in itself leads to prevention of factors that cause negative temperament, negative thought, tendency to worrying answers and growth of new perspective and formation of pleasant thoughts and excitements (Segal, 2002). In order to prevent inappropriate communicative beliefs and opinions of couples, different methods can be used that mindfulness as an open awareness and free of any judgment regarding what's happening at the moment can be highly effective and useful. Besides mindfulness treatment which is based on cognition in social processing can cause changes from various aspects like intrapersonal interactive conflicts, inappropriate communicative beliefs of couples. Therefore, in this study with respect to developing process of application of above-mentioned approach in treating different disorders, we intend to investigate the efficacy of mindfulness treatment based on cognition in improving irrational and communicative beliefs of couples.

METHOD

The present study is a semi-experimental research with pretest posttest and control group. The statistical community of this research was all the referring couples to Tehran consultation clinic centers in 1393. Among these couples, 30 participant couples (60 persons) were randomly selected and were randomly assigned to two groups by Office software Excel. Both groups were exposed to pretest and posttest. To this aim, criteria of entrance to research were: having at least five years married life, having at least degree of diploma, not participating in family training classes before. Also the criteria of exit from research were: more than two session absence from treatment sessions and not participating in tests. To facilitate participation of subjects after calling them and doing preliminary interview and taking informed consent (written consent from couples), pretest were administered to both groups. Then intervention program which contained 16 hours of training (8 sessions) was run by the consultant for the couples of experimental group. A few weeks after last training session, posttest was administered to both groups. In the present study descriptive data were developed within the framework of Mean and standard deviation. Also qualitative data derived from demographic evaluations were codified and analyzed by Atlas.ti-5.2 which is instrument of analyzing qualitative data. In referential analyses, with respect to independent plan in form of pretest and posttest and with regard to spatial scale of evaluation, parametric covariance analysis test and *F* test were used and since the condition of equality of variances in Leven's test was met, applying this statistical test was considered to be suitable. For data analysis SPSS software version 20 was applied.

Instruments

Jones' questionnaire of irrational beliefs: this questionnaire was provided by Albert Elis's theory and includes 100 questions. This questionnaire was rated by five-item Likert scale and has subscales that each of these subscales includes 10 questions and examines various irrational beliefs. These subscales are as follows: 1-need of other's confirmation; 2- high expectation from

oneself; 3-intention to blame and scolding; 4- reaction to failure; 5- emotional irresponsibility;6-high amount of worry and anxiety; 7- problem avoidance; 8-dependency; 9- inability to change; 10- perfectionism .Taking high score in this questionnaire represents irrational thoughts and low score represents reliable thoughts. Reliability of this scale during the research was obtained as 90% by Crone Bache's alpha and reliability of it by Crone Bache's alpha coefficient was 82%.

Scale of communicative beliefs: this scale which includes 20 questions first was developed by (Edelson & Epestein, 1382). After some changes, the developers of this scale by omitting some questions from the version containing 40 questions codified it in 1990. In this study the version having 40 questions was used that every question is scored in six-level Likert scale. This scale assesses five inefficient communicative beliefs (three assumptions and two standards): no agreement for a relationship is destructive, couples should be able to read mind or emotions of each other without oral expression (standard) , my espouse can't change themselves and our relationship (assumption) , sexual perfectionism (standard), men and women have different kinds of personalities and communicative needs . Higher total score of this scale represents more inefficient beliefs (Bradbury & Fincham, 1993). Since the cutting point of this test was 16+2; if the individual's score between 14 and 18, the individual has the tendency and background to assert that belief but doesn't have it. The alpha coefficient for five subscale of this test is between the range of 72%-81% (Sahebi et al, 1382) Also this scale has been validated by Crone Bache's alpha coefficient through a research by (Sahebi et al, 1382) in Ferdosi university .

RESULTS

Demographic information of participants

Table1. Demographic status of participants in both

Indices	Aspects	Mindfulness	N=15	Control	N=15
		Frequency	Percent	Frequency	Percent
Educational status	Below diploma	4	27	3	20
	Diploma and above diploma	11	73	12	80
Age	18 to 25	11	73	10	66
	25 and above 25	4	27	5	34
Professional status	Employed	8	54	9	60
	Unemployed	7	46	6	40
Monthly average income	Lower than 1 million tomans	8	54	9	60
	Higher than 1 million tomans	7	46	6	40

Table 1 represents the demographic status of the participant s of the research. As it can be observed, most of the participants have educational status of higher than diploma (mindfulness: 73%, control: 80%). With respect to age, most of the participants have age index of lower than 25 years (mindfulness: 73%, control: 66%) . Regarding professional status, most of the participants in two groups of treatment and control are employed (mindfulness: 54%, control: 60%). In income status, participants of both groups have monthly income of lower than one million tomans (mindfulness: 54%, control: 60%).

Examining equality of variances and means in pretest phase

Table2. Results of Leven and t tests to compare mean scores of both groups in pretest phase

Index	F Leven	Significant level	T	Degree of freedom	Significance
Mindfulness	0.479	0.31	2.27	22	0.08
Control	0.503	0.17	3.01	-	0.72

According to table2, calculation of Leven's test to examining equality of variances represents lack of significance of this index; therefore, using covariance analysis test to compare groups is possible. On the other hand, the results of independent *t*-test represents lack of significance of scores of experimental and control group in pretest phase.

One variable covariance analysis test

Table3. One-way covariance analysis for examining irrational beliefs

Source changes	Sum of squares	Degree of freedom	Mean of squares	F	Significance	Squares
Pretest	15296.10	1	15296.10	175.47	0.000	0.16
Group	630.35	1	630.35	7.23	0.001	0.11
Error	87.16	57	4968.62			
Total	7750524		7750524			

As it can be seen in table 3, the difference between mean scores of irrational beliefs in pretest phase after controlling pretest scores of both groups is significant ($p<0.0001$) . In other words, mindfulness treatment which is based on cognition, results in decreasing of irrational beliefs. The extent of effect of this method on irrational beliefs in posttest phase was 0.11 meaning that about 11 percent of the variance of scores was related to group membership or treatment effect.

Table 4. One-way covariance analysis for examining communicative beliefs

Source changes	Sum of squares	Degree of freedom	Mean of squares	F coefficient	Significance	Size effect
Pretest	7768.38	1	7768.38	38.43	0.000	0.60
Group	323.92	1	323.92	88.63	0.005	0.40
Error	4995.94	57		3.96		
Total	1320645					

As it is evident in table 4 the difference of mean scores of communicative beliefs in posttest phase after controlling pretest scores in both groups is significant ($p<0.005$) . This means that mindfulness treatment was effective in improving communicative beliefs of couples. The extent of effect of this method on communicative beliefs in posttest phase was 0.40. This means that about 40 percent of variance of scores was related to group membership or treatment effect.

DISCUSSION

As you know one of the most important and controversial aspect of clinical experiments is applying ethical considerations. Informed consent in this research was assured free of any compulsion, threading and deceiving and participants' avoidance of participation in research was respected. It was attempted that research methods not conflict with cultural and religious norms of participants and research participants be protected in terms of human dignity, respect , and physical and mental well-being through all phases of planning, implementation and reporting so that research process doesn't conflict with medical healthcare of the participants.

This research has been done with the aim of assessing the efficacy of mindfulness treatment in inefficient beliefs of couples. The findings of the research represented that respective treatment was efficient in their irrational and communicative beliefs. These findings are conforming with results of researches of (Davidson et al, 2008) , (Wilson & Drozdek, 2004), (Saduk & Benjamin ,2005), (Dobson & Mohamadkhani, 1989,2007), (Clark et al, 2001), (Feeney et al,2006), (Hollon, Thase & Markowitz, 2002), (Kabat-Zinn, 1994, 1999, 2003) , (Nickel & Egle, 2006) , (David et al, 2010), (Barlo et al, 2008) that pointed the factor of irrational thoughts and inflexibility of thinking is the main cause of couples' conflicts that the effect of psychotherapy on their relationships has caused disappearance of their irrational beliefs . In confirming the assumption of cognitive mindfulness and the need to others' assurance it can be said that individuals who always expect others to accept and confirm them, cannot adapt to actual situation and would face with much more problems since they act according their wants and tendencies and have no objective and logical assessment of their performance . Because of having insensible and extreme expectations which are above their threshold of abilities , these couples are unable to adapt to and solve conflicts and when facing with stressful condition use inefficient emotions more instead of using problem-centered approaches and solving problematic condition . (Nunnally & Bernstein,1994) Through assessing mindfulness training consequences they stated that training mindfulness skills clinically and statistically decreases symptoms of vulnerable temperament and anxiety significantly. In line with this finding, the research of (Gomez & McLaren,2006) represented that coping strategies especially inefficient coping strategies along with cognitive and thinking systems can result in decreasing action , avoidance , solicitude and conflicts of coping with stress and instead of helping solving of individual's problem leads to escaping of them from the situation or causes inappropriate or temporary coping with problem and would result in social and psychological conflicts and disorders .

Cognitive behavioral treatment helps the individual to change their diverged patterns and inefficient behaviors and use organized discussions, behavioral assignments and fully organized cognitive-behavioral tactics. Some of behavioral and cognitive tactics are as follow: gaining experience in the realm of self-expression, audacity, peacefulness, decision making, solving problems and issues, communicating with others and time management (Lackner et al, 2005).

The limitation of statistical community and sample of this research restricts generalizing the results of it. Other problems of this research are unawareness of couples of the effect of cognitive therapy based on mindfulness in decreasing their beliefs , difficulty of participation of couples in training program with respect to distribution of them in Tehran city, short-term time of training sessions and lacking time limitation to focus on the contents of the sessions, broadness of the aspects of the research and lack of assessment of many of the correlated variables with variables of the study that caused research to last longer and poor culture of the research and lack of cooperation with the researcher in some cases. Therefore it can be suggested that :1- The effect of training of cognitive mindfulness on different groups of participants who share the same feature of encountering psychological pressure can be investigated in groups and the applying methods and skills of this theory can be taught to family consultants and couples and the results of them can be analysed ; 2- With respect to the effect of cognitive therapy on the life of couples , besides identifying destructive beliefs (irrational) before and after marriage , training courses also can be planned for identification and correcting these beliefs ; 3-having certification of gaining communicative-behavioral skills and conflict-resolving should be included in the terms of marriage so that people try to get these skills before raising of any problem ; 4- cognitive therapy can be compared with other approaches in next studies and the extent of efficacy of both approaches on other problems and marital affairs like conflict, satisfaction ,… can be examined ; 5- this research and the assessment of each of the irrational beliefs separately in other clinic centers of the province with more samples and time spans can be done and the result can be compared with the results of present research so that there would be the possibility of generalization and proving of the results broadly.

CONCLUSION

Based on the results of this study, it was represented that mindfulness treatment based on cognition has been effective in decreasing irrational and communicative beliefs of couples in a way that the respective treatment resulted in disappearance of irrational beliefs and inflexibility of thinking that was the main cause of conflicts between couples.

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The Relationship between Resiliency Index and Instability of the Marriage in Women: A Correlational Design

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ABSTRACT

Objective: This study was conducted aimed to evaluate the relationship between resiliency and instability of marriage in married students of Islamic Azad University of Abhar. ***Methodology:*** The study was correlational and random sampling was carried out. The studied sample in this study were including 200 students. In this study, Conner and Davidson Resilience Scale (CD-RISC) and questionnaire of the instability rate of marriage was used. To analyze the data, Pearson correlation test and F-test was used. ***Findings:*** The results showed that there is a significant inverse relationship between resiliency and instability of marriage. ***Conclusion:*** These findings can be useful in the area of preventive interventions.

Keywords: *Resiliency, The Instability Of Marriage, Divorce, Married Students*

According to the available statistics and increasing in divorce, especially in urban areas and in Tehran and an increase in emotional divorces per each official divorce, worrying conditions and its implications culturally and economically are very alarming (Bankipour et al, 2012). Because 90 percent of divorce factors are including poor communication skills in solving marital problems, low tolerance to criticism and power in perceiving the partner (Bahari, 2012). As a result, resiliency is an important cause of vision that increases adapting capability of man in the face of difficulties and overcome it and thereby cause to achieve balance in threatening conditions. (Salimi Bejestani et al, 2010).

METHODOLOGY

The study is a survey research, and the research method is descriptive and correlational. The population of the study was including all women married students who were studying in the second semester of 2013 in Islamic Azad University of Abhar, and in the present study 200 students in the dormitory were selected randomly. In this study, the questionnaires of the

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instability of marriage with the reliability of the scale of Cronbach's alpha of 93% and reliability coefficient was 70% and Conner and Davidson questionnaire with the reliability of the scale of Cronbach's alpha of 0.89 and reliability coefficient of 83 was estimated.

Statistical analysis method

The data were analyzed using descriptive statistics and the results of the study are presented in tables and statistical analysis was performed in the second part. In order to analyze research data regarding the nature of the test (Pearson correlation and multivariate regression analysis) were used.

Table 1: indicators of descriptive variables

Statistical index	**Number**	**Mean**	**Standard deviation**	**Minimum**	**Maximum**
Resiliency	180	78.53	10.50	55	101
Instability of marriage	180	25.30	6.13	15	39

Table 1 shows the descriptive indicators in the studied variables of which Mean is central tendency index and the standard deviation is central score distribution index.

Table 2: Test of assuming normal distribution of variables

Statistical index / **Variable**	**Kolmogorov -Smirnov Z**	**Significance level**
Resiliency	1.29	0.07
Instability of marriage (the probability of divorce)	0.85	0.46

As it can be inferred from the results of Table 2, since the significance level obtained in the test (K-S) was more than 0.05 in the studied variables, as a result, it can be said that the distribution of the studied variables in the sample is normal. Therefore, the hypotheses of the study through parametric tests (Pearson correlation and regression analysis) were tested.

Also, the normality of the distribution of the variables was evaluated using appropriate statistical test.

Table 3: The results of Pearson correlation coefficient between resiliency and the likelihood of divorce

Variable	R	R^2	Significance level
The relationship of the resiliency and the likelihood of divorce	- 0.522 *	0.272	0. 01

* Significant correlation in the significance level of 0.01

As it can be seen from Table 3, using Pearson correlation coefficient, there is a significant negative relationship between the resiliency and the instability of marriage in the students in the significance level of 0.01. In other words, it can be concluded that whatever people earn higher scores in resiliency, therefore they will be less likely to divorce, and vice versa.

DISCUSSION AND CONCLUSION

This study showed that there is an inverse relationship between the resiliency of and the probability of divorce; as a result, increasing in the resiliency could reduce the probability of divorce in couples. The obtained results in this study are consistent with the results Shahsavari (2013), Zolfaghari (2013), Poorsardar et al, (2012), Mikaeili et al, (2012), Jafari (2012), Zamiri Nezhad (2012), Abolghasemi (2011), Seydi (2011), Khalatbari and Bahari (2010), Mohyeldin et al. (2013), Richardson (2011), Friborg, oddgerir, Barlang, Dag et al. (2008), Elizabeth et al (2006).

Generally, it can be said that resilience capacity and the ability of people to stay healthy, tolerance and growing in difficult conditions or to modify the conditions are difficult, this process is not created spontaneously unless the person does the best facing with unpleasant and difficult conditions to get rid of it or getting less damages of it and attempt to discover and apply the protection of individual and environmental factors inside and outside that there is always the potential for it (Dinner et al., 2009). Masten (2006) stated that poor social and economic status, stressful life events, physical or emotional harms, and social harm in the family increases the risk for divorce, and can be changed the resiliency. As a result, high levels of resiliency in the couples reduces the probability of divorce occurrence, which this study has been suggested the same thing.

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Conflict of Interests

The author declared no conflict of interests.

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Crime Victims and Offenders in Mediation: An Emerging Area of Criminology and Correctional Administration

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ABSTRACT

Criminologists are playing an increasing role in all fields of life, the mediation of conflict between crime victims and their offenders. By serving as community organizers, program developers and managers, trainers and mediators, Criminologists are affecting criminal justice system. In correction, Criminology not only helps individuals, groups and community to solve problems, but also assists them to prevent offending behaviour and enrich their living. So, the main focus of the Criminology is upon helping people to prevent and control crime. The Criminology usually works with clients on a conscious level, helping them to face realities and solve problems in preventing and controlling offending behaviours. Victim-offender mediation provides an opportunity for crime victims to meet the offender, talk about the offence, express concerns and negotiate a mutually agreeable restitution agreement. A brief overview of mediation process is presented in this paper. The issues related to program development and replication is also identified.

Keywords: *Crime, Mediation, Emerging Area, Criminology, Administration*

Criminology emerged as profession in the 20th century and today it is profession charged with fulfilling the social mandate of promoting well being and quality of life. Thus Criminology encompasses activities directed at improving human and social conditions and alleviating human distress and social problems. Criminologists are often vulnerable when faced with demands of accountability because of the strong tradition of private, intuitive ways of working and this assertion is particularly applicable to Criminologists in correctional services. Criminology emphasis a consistent and accurate intervention in the rehabilitation of the prisoners.

The underlying assumptions of Criminology in the context of corrections are:

(1) Criminology, like all other professions, has problem solving functions and hence, it can help offenders in their treatment and rehabilitation.

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(2) Criminology practice is an art with a scientific and value foundation and, hence, correctional work is professional in nature.
(3) Criminology as a profession came into being and continued to develop because it meets human needs and aspirations recognized by society. Hence, it assumes some of the socialization and control functions of society and helps the offenders to reshape their behaviour.
(4) Criminology practice takes its values from those held by the society of which it is a part. However, its values are not necessarily or altogether those universally or predominantly held or practiced in society and hence, it emphasizes in treatment and rehabilitation of the offender.
(5) The scientific base of Criminology consists of three types of knowledge:

a. Tested knowledge,
b. Hypothetical knowledge that requires transformation into tested knowledge, and
c. Assumptive knowledge (or "Practice wisdom") that requires transformation into hypothetical and then into tested knowledge. The Correctional Criminology uses all these three types of knowledge, and carries a professional responsibility for knowing, at any time, which type of knowledge he is using and what degree of scientific certainty is attached to it.

(6) The knowledge needed for Criminology practice is determined by its goals and functions and the problems it seeks to solve and, hence, they are applicable in the administration of correction.
(7) The internalization of professional knowledge and values is a vital characteristic of the professional Criminology, since he is himself the instrument of professional help and he helps the offender to change his behaviour.
(8) Professional skill is expressed in the activities of the Criminology. It constitutes his artistic creation, resulting from three internal processes: first, conscious selection of knowledge pertinent to the professional task at hand in order to help the offender, second, fusion of this knowledge with Criminology and correctional values; and third, the expression of this synthesis in professionally relevant activity to administer correction and to modify offending behaviour.

These assumptions constitute commitments for the Criminology. It also means that the functions assigned to Criminology by society represent a two-fold responsibility. The first is to determine the professional activities through which it seeks to reach its socially approved goals and modify them as necessary in the light of changing social needs. The second is to exercise discipline and control over practice that would keep its professional accountability. A problem developed in the area of social interaction, whether raised as a problem by the individual or by a group in the community, calls for the professional services of the Criminology.

In correction, Criminology is an art because it requires great skills to understand delinquent and criminal behaviour. It is a science because of its problem-solving method and its attempt to be objective in determining delinquent and criminal activities and in developing principles and

operational concepts to deal with delinquency and crime. It is a profession because it encompasses the attributes of a profession in dealing with offending behaviour.

The Criminology attempts to make it possible for the client to face and change his offending behaviour through this warm, accepting and understanding relationship. In Criminology, four fundamental activities can be distinguished: assessing the problem, planning for solution of the problem, implementing the plan and evaluating the outcome. Assessment of the problem, such as delinquency and criminal behaviour, requires various evaluative steps, logically consecutive, but in practice, synchronized. In the light of this assessment, a plan of action must be structured. Implementing the plan involves rendering all the specific and interrelated services appropriate to the given problem situation in the light of the assessment and planning. Finally, evaluation determines the effectiveness of service in the light of the expected outcome formulated as part of the planning activity. The interest among Criminologists and others in victim offender mediation has been growing during the past decade. In 1978, only a handful of mediation programs existed, primarily in the Midwest. These programs continue to be sponsored primarily by private social services agencies that work closely with courts. In this growing network, Criminologists are becoming active in many roles, including community organizers, program developers, board members, and staff or voluntary mediators.

The rich heritage of Criminology practice in the juvenile justice systems dates back to the turn of the century, when juvenile court was established. The concept of victim-offender mediation, however is largely absent from the Criminology literature. This article begins to build a bridge between Criminology practice in the emerging field and the Criminology literature. The article presents the purpose of this practice model and describes the mediation process. Finally, important issues related to program development and replications are presented.

PURPOSE

Victim-offender mediation programs provide a conflict resolution process that is meant to be fair to both the victim and the offender (Umbreit, 1985, 1988a). The mediator facilitates this process by allowing the parties first to address informational and emotional needs and then to discuss the victim's losses and to develop a mutually acceptable restitution plan (for example: repayment, working for the victim, working for the victim's choice of charity). Both crime victims and offenders are placed in a passive position by the criminal justice system, and often neither receives basic assistance or information. anger and frustration increase as the victim and offender move through the highly depersonalized justice process. Victims often feel powerless and vulnerable. Some even feel twice victimized, first by the offender and then by an uncaring criminal justice system that does not have time for them. Offenders rarely understand or confronted with the human dimension of their criminal behaviour-that victims are real people and not only object to the abused. Offenders have many rationalizations for their actions against

others The victim-offender mediation process draws on old -fashioned principles that recognize that crime is fundamentally against people, and not only against the state. Instead of placing the victim in a passive role and reinforcing an adversarial dynamic that often results in little emotional closure for the victim and little, if any, direct accountability by the offender to the victim, the mediation process actively facilitates personal conflict resolution.

Mediation process

There are four phases in the victim-offender mediation process (Umbreit, 1988a): intake, preparation for mediation, mediation, and follow-up.

Intake Phase:

The intake phase begins with the court referral of the offender (most often convicted of theft or burglary). Most programs accept referrals after a formal admission of guilt has been entered with the court. Some programs accept cases that are referred before formal admission of guilt as part of a deferred prosecution effort. The case is assigned to the mediator.

Preparation Phase:

The Preparation Phase begins when the mediator meets separately with the offender and victim. During the individual sessions, the mediator listens to the story of the each party, explains the program, and encourages each party's participation. Mediators usually meet first with the offender and, if he/she is willing to proceed with mediation, later with the victim. Encouragement of victim and offender participation in the mediation process must not be confused with coercion. The process is meant to empower victims and offenders by presenting them with choices.

Mediation Phase:

Following the separate meetings and if both parties choose to participate, the mediator schedules a joint meeting. The mediation session begins with the media for explaining his or her role, identifying the agenda, and stating communication ground rules. The first part of the meeting is a discussion of the facts and feelings related to the crime. Victims are given the rare opportunity to express their feelings directly to the person who committed a crime. They can get answers to question such as "why me?" "How did you get into our house?".Were you stalking us and planning to come back?" Victims are often relieved to finally see the offender, who usually bears little resemblance to the frightening character they had envisioned.

The mediation session places offenders in the uncomfortable position of facing the person against whom they committed the crime. They are given the equally rare opportunity to display a more human dimension to their character, even to express remorse personally. Through discussion of their feelings, both victim and offender can deal with each other as people, often

from the same neighbourhood, rather than as stereotypes and objects. When the sharing of facts and feelings related to the crime is concluded, the second part of the meeting is directed to discussion of losses and negotiation of a mutually acceptable restitution agreement as a tangible symbol of conflict resolution and a focus point for accountability. Mediators do not impose a restitution settlement. Joint victim-offender meetings usually last about one hour, with some meetings lasting two hour.

Follow -Up Phase:

The follow-up phase begins when the referral agency approves the restitution agreement and ends with the closure of the case. Tasks to be completed during this phase include making monthly telephone calls to the victim to monitor fulfillment of the restitution agreement; if necessary, contacting the probation officer to secure compliance by the offender; if necessary, scheduling a joint meeting with the victim and the offender; and completing the final paperwork to close the case.

DEVELOPMENT AND REPLICATION ISSUES:

As a growing number of communities consider developing a victim-offender mediation program, a number of important issues should be considered. Building public and system support for the new program is crucial. Experience in many communities has indicated that although some criminal justice officials may be initially skeptical (most notably prosecutors, judges, and victim's advocates), their support usually can be obtained. Once they learn more about the mediation process and how it affects both victims and offenders, officials usually become supportive, or even active, in developing the new program. The most likely referral sources are judges and probation staff. Prosecutors, counselors, and victims' assistance staff can also be effective sources.

Identifying an appropriate group of victims and offenders to work which is vital experience in hundreds of mediation cases over the past years has shown that the program is effective with non violent property offences such as vandalism, theft, and burglary. Most offenders are either first or second time law violators. Unlike other types of mediation, most (but not all) victims and offenders have no prior relationship. Many mediation programs can also work with assault cases. A few programs are beginning to work with more violent crimes such as armed robbery, sexual assault, and attempted homicide. In fact, victims of violent crime have often been among those who advocate extending the mediation process to more serious cases. However, this does not include domestic assault. The mediation process has been effective in assisting victims of violent crime in regaining a sense of power and control in their lives, as well as the ability to "let go" of the victimization experience (Umbreit, 1988b). However, mediation for violent crimes requires a more intense process and is not recommended for new programs.

Those interested in being mediators need to decide early whether to work with juvenile or adult offenders. Because the juveniles and adult offenders are different, working with both requires more initial development time. Working collaboratively with existing victims' service programs and offender treatment programs is important. Although the victim-offender mediation process offers a number of benefits to both parties, the process also has limitations. Many victims and offenders need more extensive services than can be offered through the mediation process. At best, the mediation process is part of a larger response to the needs facing crime victims and their offenders. Securing resources to operate a new victim-offender mediation program are critical. In most communities, a small staff that supervises a larger pool of trained volunteer mediators is sufficient. This keeps the program's costs down and, more importantly, empowers citizens to become directly involved in resolving criminal conflict in their communities. The provision of twenty five to thirty hours of effective mediation training and continued in service training is important.

Replication of the victim-offender mediation model requires effective community organizing and program development skills. Most importantly, it requires a deep commitment to restorative principles of justice that empower crime victims and their offenders to resolve their conflict and to let go of the victimization experience.

CONCLUSION

It is clear that community corrections have gone through a long and complicated process of development. Throughout this process, the specific purpose of community corrections has not always been clear. Indeed, many recognized experts, authors, and researchers offer competing views on the purpose of community corrections, resulting in a great deal of confusion and uncertainty related to the effectiveness of community-based sanctions. These developments help to make sense of the various challenges associated with community corrections sanctions and also provide guidance for future uses of these sanctions. Lastly, it is clear that there is a great deal of variety from state to state in regard to the community supervision process. The implementation of probation and parole comes in many shapes, forms, and methods, creating a rich yet challenging process of offender supervision in communities throughout India. The work with delinquents and criminals is often seen as effective techniques for modifying attitudes and behaviour. Criminology has an important role to play in the control correction and prevention of delinquency and crime. Criminology attempts to help the individual, their family and the community to face and solve delinquency and crime through the utilization of individual, family and community resources. Therefore, professional Criminology in correctional settings is a comprehensive constructive social attitude, therapeutic in some instances, restraining in some instances, but preventive in its total social impact.

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Developing Effective English Language Teaching Strategies for Non-Native English Speaking Dyslexic Students

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ABSTRACT

Dyslexia, or specific reading disability, is a disorder in which children with normal intelligence and sensory abilities show learning deficits for reading. The developments in reading lags behind other academic developments. Achieved reading skill is limited. Reading is slow and non-word reading is impaired. The educational system has difficulties in understanding dyslexia and an even harder time identifying children with dyslexia in order to provide the correct intervention for students who are non - native English speakers. When a school has the added challenge of identifying struggling English language learners (ELLs), the task becomes an even more complicated process, and often, these kids are completely missed. But that does not have to be the case. Children who are learning English are just as likely to have dyslexia as their native-English-speaking counterparts, and there is a way to identify dyslexia in these children. The difference is that dyslexia might appear in the native language quite as vividly as it will when they attempt to learn English. This research paper tries to analyze those teaching strategies which have been very effective in developing English language skills among the non native speakers. It reviews the body of research on difficulties faced by dyslexic students in educational setup and different teaching methods which played an effective role in enhancing the English language learning skills of the students. First, we explore the assessment of comprehension and reading difficulties of these students at initial stages. Next we discuss the methodology used in reviewing the literature on different instructional methods for the students with specific focus on dyslexic students.

Keywords: *English language learners*, *Specific Learning disability*, *Dyslexia*

Dyslexia affects up to 20% of the population of those who read English; that's one in five people (Shaywitz, 2005)[1]. However, Snowling (2000) suggested that when the language is more transparent than English, such as Spanish, Finnish, and German, that number decreases to

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about 5%. [2] Therefore, when we broaden the discussion to include the ELL, we must remember that dyslexia is a human condition that is not bound by country, it has no language borders, and it can affect anyone attempting to decode a printed alphabetic language (and probably a logographic language as well). It is still worth establishing that dyslexia is not a result of laziness, lack of motivation, or socioeconomic advantage or disadvantage. Contrary to popular belief and the rampant misinformation distributed, dyslexia is not a visual problem, even though it may present itself that way when students appear to be transposing letters like b, d, p, and q. The fact is that students with dyslexia see letters and words the same way those of us without dyslexia do. This brings us to the definition of dyslexia.

Dyslexia is an often-misunderstood, confusing term for reading problems. The word dyslexia is made up of two different parts: *dys* meaning not or difficult, and *lexia* meaning words, reading, or language. So quite literally, dyslexia means difficulty with words. It is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.

Beginning stages

Traits of Dyslexia start being obvious by age three and although can often be mistaken for a normal development time table that is different for all children, clusters of these issues can start to stand out from other children. As children mature and become adults their "Dyslexia" doesn't go away; they hopefully learn to work with it and accommodate themselves. Other children are not so lucky. Some are successful adapting to a left-brained world and others are plagued with their "learning differences" having no guidance to deal with them. A lot of these indicators or traits occur with other health and mental issues or personality types that are not Dyslexia. [3]

Dyslexics are dominant right brain learners and thinkers in a society that reflects and respects the thinking processes of the left brain. "Righties" can have a difficult time fitting in. This list of indicators and traits are about the particular view of the world common to righties that can create issues for them. This is not to say that being a left-brain thinker is better

Dyslexia and Language

Ask the average person on the street what dyslexia is, and you will get a plethora of incorrect and absurd responses. In order to begin to understand what it might be like to have dyslexia, take a moment to read the following sentence:

The bottob line it thit it doet exitt, no bitter whit nibe teotle give it (i.e. ttecific leirning ditibility, etc). In fict, iccording to Tilly Thiywitz (2003) itt trevilence it ictuilly one in five children, which it twenty tercent.

When most people think of dyslexia, they think of people seeing letters and words backwards; like seeing b as d and d as b. But despite a great amount of effort and intellectual capability, dyslexic people experience the slow, laborious pace you just experienced, yet they experience it every time they read. They are not only highly motivated, but very adept at adapting and accommodating their dyslexia in brilliant ways. Dyslexia is a phonological processing problem that is neurobiological and makes it difficult to decode words accurately and fluently, as well as making spelling very difficult. Dyslexia is highly genetic and occurs on a continuum from mild to severe. People with dyslexia have the ability to learn to read, they just need to be taught the way they learn, and they require accommodations to succeed via other learning modalities, such as the audio presentation of information.

Dyslexia affects humans, not English readers, and this means that students in classrooms who are struggling to learn English may be at risk for dyslexia. More often than not, these students may be missed, because it is assumed that because the English language is complicated and opaque, the student is having difficulty learning it but will eventually get it. This is erroneous. While English is not as transparent as Spanish or German, it is not the language that is causing the struggle. It is the dyslexia. There are ways to determine if the student is having difficulty due to dyslexia.

A significant factor which affects language acquisition is orthographic depth. The orthographic depth hypothesis, which is well known to linguists and informed educationalists, proves that the more complex or 'deep' the orthography of a language the more difficult it will be to learn. A transparent language is one which has a very clear letter-sound correspondence and much regularity. In contrast, a deep or opaque language is one which has a more complex phoneme-grapheme correspondence and more irregularities. English is one of the most complex languages, and while Irish orthography is not as deep as English, it is not considered to be a transparent language. In European terms, Finnish is considered the most transparent European language. Spanish and Italian are also quite transparent; French and Danish are more opaque as is English [4]. The orthographic depth hypothesis clearly explains why students can learn some languages more readily than others – this applies to all students, but in particular those with dyslexia and other language acquisition difficulties. Therefore, evidence shows that these students should logically opt for a more transparent language when choosing an additional language to learn, in order to minimize the impact of their diagnosed learning difficulty.

The answer lies in the students' abilities in their native languages and the investigation should begin there. The first step is to determine if dyslexia is a possibility, so the students' ability to verbally manipulate the sounds in their native languages, otherwise known as phonemic awareness, must be assessed. Brown (2008) suggested that students with below-average phonemic awareness in their native languages will have difficulty learning a new language. If the student is not literate in his native language, he can still be tested for phonemic awareness. Secondly, the reading fluency and spelling of those students whose native languages are a transparent languages, such as Spanish, need to be assessed. Fluency and orthography issues are red flags for dyslexia. This is in contrast to those native English speakers who are usually identified by their difficulty in decoding new and unfamiliar words, but this difficulty is a better predictor of reading difficulties in English, because it is an opaque language. So those students who have transparent native languages will have less difficulty sounding out words, because the languages are predictable; therefore, when the fluency is low in the native language, there is a problem with reading. Third, rapid automatic naming or RAN is a predictor of reading difficulties in ELLs and should be part of the assessment. RAN tests the students' ability to rapidly name items, letters, or numbers that are presented to them visually. Lastly, dyslexia is highly genetic, so, if possible and relevant, the family's history of reading success should be surveyed. [5]

This is the neat and tidy version of how to determine if an ELL student has dyslexia. Of course, identification of dyslexia in an ELL is a complicated procedure. Many factors need to be ruled out. For example, the lack of opportunity to learn in native languages or the lack of home support in learning English needs to be investigated. Also, does the child have the intellectual capability to learn to read at the same rate as her peers? Although it can be tricky to identify dyslexia in the ELL children, the intervention they should receive has the potential to help any child who is struggling with reading.

Reported that ELL students who are struggling to learn English and have some foundation in reading in their native language should receive direct instruction that includes speech perception, phoneme awareness, and sound-symbol connections. This is very similar to the Orton-Gillingham approach that is recommended as the intervention for English readers who have dyslexia. Literacy in the students' initial language is really the key to helping them attain English, especially with dyslexia present. This might be seen as an insurmountable burden to a school system in which children speak a multitude of languages, but it is the most appropriate way to remediate the reading issue. However, in districts where there is a high concentration of one language, this is a very plausible solution. This strong foundation in their native language will translate into their English learning. McCardle et al (2005) reported that ELLs with reading disabilities were identified far later than their English-only peers, and this greatly impacts their ability to achieve their potential.[6]

Dyslexia and the ELL student is a very complex topic and creates a conundrum for educators. While the best way to identify and intervene seems completely financially and logistically implausible, simply on the basis of the number of languages spoken in any single school district, it is how to help the ELL who is dyslexic. The good news is that once a students master their native language, they will be able to achieve literacy in English, but we can't fail to see that those who are struggling with English might have a legitimate learning disability, like dyslexia, and might need an appropriate remediation in order to give them a fair chance. It is far too easy to allow these kids in particular to fall through the cracks.

Student Strengths

Educators recognize that students learn in different ways and have unique patterns of strengths and needs. For example, a student who is not doing well in reading may show an aptitude for other areas such as physical education, drama, or mathematics. Each student with a learning disability presents with his/her own learning style, needs, strengths, and interests. However, educators and parents may need to assist the student in identifying strengths and pursuing interests. It is important for students with learning disabilities to identify an interest, hobby, or an area in which they can excel. Students need to see themselves as having something important to say, and to have an activity in which they feel successful and view themselves as "winners". It is also important for students to have a clear understanding of their learning ability and disability. This understanding can provide the basis for building a positive self-image that will support the development of a competent and successful person. It may be helpful for parents and students to be aware of the many well-known successful people who have been diagnosed with a learning disability. [7].Some of these include the businessman, Charles Schwab; the actor, Tom Cruise; the comedian, Jay Leno; the singer, Jewel; and the author of Captain Underpants, Dav Pilkey. "Let the student's strengths and not the disability define who they are as a person" (Shaywitz, 2003).

Strategies and Effective Practices

Adaptations for Students with Receptive/Expressive Language Difficulties

1 Give students more time to respond verbally as it often takes them longer to process oral language. 2. Give students more time to read passages or fewer passages to read because they are typically slow readers. 3. Give students more time to complete written assignments as it often takes them longer to get their thoughts down on paper. 4. Provide clear and concise instructions. 5. Encourage students to paraphrase instructions. 7. Provide real life examples of verbal concepts. 8. Use cooperative learning teaching methods to allow students to utilize their strengths within a group. 9. Provide opportunities for peer tutoring. 10. Provide a reader and/or scribe when necessary.11. Provide models and writing samples for assignments. 12. Allow alternate formats of assignments. 13. Use a multi-sensory (auditory, visual, tactile, kinesthetic) instructional approach. 14. Use demonstrations and modeling to get information across to

students. 15. Pair students to check directions and instructions. • Provide a rich language environment with numerous opportunities to engage in small group listening and speaking activities. [7]

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Conflict of Interests

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An Analytical Study of Evaluating Basic Skill Criteria for Becoming Counsellors in Indian School

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ABSTRACT

Counsellors play a pivotal role in developing the future generations. Therefore they have to be properly trained through guidance & counselling course and inculcate the Cross Cultural Sensitization skill along with Conflict Management skill and Problem Solving skills which is helpful in solving problems of students & shaping students' behavior and performance. Findings reveal that less perfection in empathy, cross cultural sensitization, conflict management skill problem solving skill affects their counselling.

Keywords: *Counselors, Cross Cultural Sensitization Skill, Conflict Management Skill, Problem Solving Skill.*

In contemporary societies which are changing very fast and facing every time new challenges which are posed to many problems to students. The challenges include communication revolution, technological advancement and the connection across cultures. Culture diversity is present in a large number of societies. (Pederson, 1990) . The changes may also be visualized in development of personality of the students also. When teens cannot successfully overcome the crisis and developmental challenges, they experience psychological distress and substantial disorder occurs in the normal flow of daily life and the emotional, social and cognitive aspects and consequently their personality also gets disturbed. (Gaber et.al. 2002). Challenges in life are a certainty and are unavoidable. Therefore, early on, students must learn how to effectively problem-solve in a collaborative manner.

Counselling is a very important ingredient in shaping students' behavior and performance especially in Indian schools. Though no formal practices are going on in the schools or outside the schools by variety of persons as socially important nearby relatives, teachers, and religious personnel in spite of this need of a good counsellor having the qualities empathy, strong sense

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of judgment, Conflict Management Skills, Interpersonal Skills, Cross Cultural Sensitivity Skills, ability to follow up the counselled students and above all, to give recommendations to the administration to solve some issues in every school must be necessary who should also develop confidential relationships with students to help them resolve and cope with problems and challenges Counselling is a face to face situation in which a counselor by virtue of training in skills helps the student (clients) to face, perceive, clarify, solve and resolve his adjustment problems (Ponterotto, et.al. 1995)

Attention to multiculturalism and diversity in schools has been growing and is reflected in the rapidly changing demographics of the United States but in India it is prevailing from very beginning and non formal practices were being made since that time (Pedersen, & Allen, 1998. et.al.). Multicultural counselors who show an appreciation for the life experiences of culturally different students are generally successful in building a positive helping relationship with their students (Diller & Moule, 2005). Competent and sensitive multicultural counselors should have competencies that include the following: (a) awareness of his/her own cultural values, biases and assumptions, (b) awareness and understanding because Indian students are forgetting and going away from their own cultural values biases assumptions and understanding. During Counselling process need of certain skills in the counselor has been emphasized so that he can resolve different adjustment problems/issues of the client. Use of the skills assists the client/student to adjust positively to life. (Egbochuku, E.O.2008) Yeh conducted research in 2006, exploring school counselors' perception of Asian American students. The results indicated that counselors face challenges when Asian American students disapproved of counseling, had less parental involvement, overcame cultural barriers, and lacked self-disclosure about emotional distress.

In Indian School NavodayaVidalaya is residential school funded by government, the students come from different rural backgrounds get free education and lodging and are from low socio economic status having family evils, wrong life style bad habbits along with them so it is a very challenging role of the counselor to know and understand them, make relationship with them and to solve their problems. A lack of sensitivity to a client's unique background and experience can result in miscommunication (HPSO)

In India there are some schools which are not residential but are only for the children are true personalities as army officers and central govt. employees some are govt. schools also community schools. Indian teachers are already doing counselling practices non-formally but by knowing their status of necessary important skills and their training requirement the strategies may be planned for future shock of the students. That is why the purpose of the present study is to evaluate the prospective counsellors in terms of the basic skills necessary for counselling gender wise and their Institutional backgrounds on following three aspects.

- Perceived Importance
- Mastery Level

- Training Requirement

Objectives:

1. To evaluate the three skills that is Cross Cultural Sensitivity, Conflict Management Skill and Problem solving skill gender wise and their Institutional background wise on following three aspects. Importance Mastery Level Training Requirement by structured Interview, Focus Group discussion and Self-made questionnaire.
2. To evaluate the effectiveness of soft skills viz Cross Cultural Sensitivity, Conflict Management Skill and Problem solving skill of the counsellors who are undergoing training program in terms of their gender & institution considering following three aspects

- Perceived Importance
- Mastery Level
- Training Requirement

Significance of the Study

Counselling plays important role when individuals from different cultures within a society are in social contact, prejudices are born and conflicts arise which becomes hurdle in solving social problems as well as individual developmental problems.

Thus cultural sensitivity skill of the counselor help in conflict management & problem solving of the students who seek counselling. All of these skills are related with each other.

Keeping in mind the research was planned to study cross cultural sensitization skill, conflict management skill and problem solving skill of the teachers who are pursuing guidance & counselling course so that the training module should be designed &planned like wise.

It is important for counselors to develop multicultural counseling skills and techniques to assist their students. Counselors who are not trained in multicultural intervention skills may underestimate the influence of a students cultural background. Thus, they may plan inappropriate counseling intervention strategies. The experiences of culturally different students are different from that of the majority students.

Hypothesis: There exists no significant difference among the counsellors of Indian Schools on following 3 skills

1. Cross Cultural Sensitivity Skill
2. Conflict Management Skill
3. Problem Solving Skills

Problem-solving skills: Professional school counselors use their communication skills and collaboration skills to build relationships and empower others. They demonstrate problem-

solving skills by effectively for decisions, goals, and actions. Many of the problem-solving models employed in counseling are useful in the advocacy process.

RESEARCH METHODOLOGY

Survey method was used for this study. For this focus group discussion was conducted to identify the problems of students as they experience in their institution (Navodaya Central School and DIET) Structured questionnaire was used for discussion and on the basis of those questions teachers were interviewed. The responses given by maximum no. of members of the group were considered and enlisted in this way primary data has been collected.

Self generated questionnaire on three skills (Cross cultural sensitization, Conflict management and Problem solving skills) .covering questions related to three aspects that is Perceived importance of skill, Mastery level of skill on Job and Training requirement of skills was used.

Sample Size*:*

100 Prospective counsellors affiliated with different schools that is Navodya, Kendriya Vidyalaya and DIET of Rajasthan who were pursuing International guidance.& counselling course(2014-2015) organized at Regional Institute of Ajmer & NCERT were included in the study.

Table No. 1. Gender wise Distribution of Prospective Counsellors

Year	Male	Female	Total
2014	22	28	50
2015	20	30	50
Total	42	58	100

Table No.2 Distribution of Prospective Counsellors belonging to different type of school

Year	Navodaya	Kendriya Vidalaya	DIET	Total
2014	18	26	06	50
2015	16	24	10	50
Total	34	50	16	100

Analysis and Interpretation

To study the basic skills of Indian teachers undergoing the guidance & counselling course. We have taken a self generated questionnaire on three skills (Cross cultural sensitization, Conflict management and Problem solving skills) according questions related to three aspects that is Perceived importance of skill, Mastery level of skill on Job and Training requirement of skills was included. A counselor has to give responses as Yes or No. On the basis of these answers a score matrix was prepared and then percentage was taken out which are presented in the following tables.

Table 3. Gender Wise Percentage of Prospective Counsellors in different aspects of CCS CMS and PS

Aspects	CCS Male	CCS Female	CMS Male	CMS Female	PS Kendriya	PS Kendriya
Importance	38.09	41.4	28.5	32.7	26.2	27.4
Mastery Level	33.3	37.9	23.8	29.3	21.4	24.1
Training Requirement	80.95	79.3	76.2	72.4	71.4	70.7

Table No.4, Percentage of Prospective Counsellors according to type of school on three aspects of as in following table.

Aspects	CCS Navodaya N=34	CCS Kendriya N=50	CCS DIET N=16	CMS Navodya	CMS Kendriya	CMS DIET	PS Navodaya	PS Kendriya	PS
Importance	38.2	36	31.25	29.41	28	25	26.5	26	18
Mastery Level	32.35	32	25	23.5	22	18	20.6	18	12.5
Training Requirement	82.3	80	75	76.5	76	68.7	70.6	74	62.5

Table 3.

Focus group discussion done with the prospective counselors revealed problems of the students, Importance of skills and training requirement in skill is as follows.

In **Navodya Vidyalaya** students suffer from various adolescent problems, home sickness, impact & influence of peer group usually make them adopt bad habits. Important skills required are Cross cultural sensitization and Problem solving skills. Training requirement is in Cross culture sensitivity skills.

In Kendriya vidyalaya student's lacks Parental care as their parents are away due to job, the students are taking Coaching for studies so they have less peer group interaction. All in crux we can say that students are emotionally dissatisfied because when they seek someone close to talk regarding their problems they didn't find them. So they suffer from problems of depression which generates importance of culture sensitivity skill, interpersonal relationship and conflict management skill. Requires Training in culture sensitivity skill.

DIET: These are for teacher trainers. Provides short term training of counselling & guidance to govt. school teachers. Problems which students suffer is that their achievements are low,

absenteeism is high because they are engaged in household & earning activity. Important Skills in which they require training is Cross Culture sensitivity, Conflict Management skill & Problem solving skill.

Above table revealed that in every aspect of all three skills higher percentage of female reveals more importance & more mastery level then male teachers and higher% of male required training more that female.

Table No. 4

Among three scales higher percentage of male & female show more importance of CCS in comparison to CMS and PS. Less mastery level in comparison to importance but more than their that of CMS and PS. More training is necessary in all the three skills.

DISCUSSION

This manuscript highlights the importance for soft skills for Indian school counselors to assist students in developing and School Counselor's Role in Facilitating the Development of Students' Soft Skills.

Through fostering and promoting student soft skills as cross culture sensitivity, conflict management & problem solving, school counselors are in the unique position to recognize student attributes, encourage them to build upon their strengths, identify skills and traits that need to be enhanced, and implement interventions to help students augment these skills, so that they have the opportunity to reach their potential and thrive in a globally competitive society after high school graduation or their post-secondary education.

The Lower percentage of counsellor giving importance to cross cultural sensitivity skill, conflict management and problem solving skill revealed lower mastery in these skills and requirement of training in these skills.

High percentage of counsellor require training in these skills the result supports findings that training in the skills will effectively enhance the students self potential which helps ultimately in developing their personality (Khera& Khosla, 2012)

CONCLUSION

The study emphasizes the status of cross cultural sensitivity, conflict management and problem solving skills in prospective Indian counsellors and training requirement in these gender wise & according to the need of institutional background. Further finding exposed the need of expanding the identification & training in these skills at each level in Indian schools as the barriers due to technological advancement and social media badly hindering their all-round personality development.

Education may be reformed to inculcate the training in skill in the curriculum, other Education & Social Agencies should take this role to support the teachers as well as students for all round development to prepare for career.

Scope of Study

Prospective counsellors of Northern India working in these three types of school and are participant of International Guidance & Counselling Diploma Course held at RIE in 2014-15.Central Board of Secondary Education &Navodaya Schools.

Limitations

This study is restricted to only teachers who are affiliated to CBSE &Navodaya Schools as after doing the course of Guidance & Counselling they will get an opportunity of being an Counsellor in CBSE or other public schools.

Further Research

Suggestions for Future Research There are several suggestions for future research to further substantiate the stipulation that school counselors help students advance their soft skills in order to be more fruitful in the workforce. Although research has shown that soft skills play a critical role in workplace success (Kamenetz, 2015), it would be advantageous for researchers to determine which specific soft skills have the greatest impact on career readiness and work performance. Further, additional research needs to be conducted in order to assess for the extent to which school counselors are currently teaching and incorporating soft skills into their comprehensive counseling programs. Thus, in the future it would be beneficial to employ a national survey to address the frequency and degree to which counselors currently teach soft skills in order to determine the extent to which soft skills are being taught, as well as raise counselor awareness about the importance of integrating soft skills into the curriculum of school counseling programs are being taught, as well as raise counselor awareness about the importance of integrating soft skills into the curriculum of school counseling programs.

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The author declared no conflict of interests.

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Does Your Career Affect Your Child's Smile?- Effects of Age and Maternal Employment on Aggression in Adolescents

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ABSTRACT

The present study examines impact of maternal employment and age on aggression level in adolescents. The sample consists of 100 adolescents of the mothers joining employment in the first year of child's age, 100 adolescents of mother joining employment after the child had turned 5 years or above and 100 adolescents of unemployed mothers. The sample aged between 10-18 years, residing in Ahmedabad city of Gujarat. Aggression scale by R.L. Bharadwaj is used to collect data. Regression Analysis with dummy variables is used for statistical analysis. Results of the study reveal that aggression level in adolescents rises with increase in age thus they are positively correlated. Also maternal employment during the 1st year of child's life shows higher level of aggression in their adolescent age. Later employment of mothers show least level of aggression in their adolescent, even lesser then the adolescents of unemployed mothers. Maternal employment per se does not have effects on aggression level in adolescents.

Keywords: *Maternal employment, Aggression, Adolescence*

There has been a steady increase in research regarding problems of aggressive behavior among children and adolescents. Human aggression is any behavior directed toward another individual that is carried out with the proximate (immediate) intent to cause harm. In addition, the perpetrator must believe that the behavior will harm the target, and that the target is motivated to avoid the behavior (Bushman & Anderson 2001, Baron & Richardson 1994, Berkowitz 1993, Geen 2001).Intention happens to be a very important component in defining Aggression. Aggression might be viewed as a motivational state, a personality characteristic, a response to frustration, an inherent drive or the fulfillment of a socially learned role requirement (Harre and Lamb, 1983).

Aggression have been classified in various ways. Aggression can be a combination of physical or verbal, direct or indirect, passive or active and hostile or instrumental aggression (Buss, 1961).

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More recent categorization includes hostile, affective or retaliatory aggression versus instrumental, predatory or goal oriented aggression (Behar, Hunt, Ricciuti, Stoff and Vitiello, 1990; Berkowitz, 1993, Bushman and Anderson, 2001).

Aggression is a basic drive common to all species and Human beings, regardless of Sociocultural background, exhibit Aggression in various ways and intensity. Nevertheless other factors play the role of mediators in its development, Aggression seems to be a potential outcome of psycho-socio-cultural settings. Frustration, Personality dispositions, culture and climate, socio-economic conditions, age, gender and many more affect aggression (Myers, 1993; Glass, 1997; Neuman and Baron, 1977a).Out of all these etiological factors, age and gender are considerably important in predicting the likelihood of different types of aggressive behavior among children. Studies show that Conflict and physical aggression is common in peer interactions from ages 1-3(Loeber and Hay, 1993;Shantz and shantz, 1985;Tremblay et al, 1996),but it occurs more often to achieve instrumental goals. However for most children the tendency for physical aggression is decreased after age 3 (Tremblay 2000; Tremblay et al., 1996) as they learn to control their aggression as a result of socialization.

Other studies on physical aggression revealed a similar tendency. McGeeet al. (1992) found the prevalence of physical aggression to be higher at age 11 than at age 15.Rahim and Cederblad (1984) found a higher prevalence of physical aggression among3–6-year-old children than among children aged7–15 years. Similarly, Cairns et al. (1989) found that the mean frequency of physically aggressive behaviors was decreasing from 10 to 18 years of age among North Carolina children. However, these studies have important limitations as they relied only on the mean frequency of aggressive behaviors and they compared only two broadly defined age groups. In current study we try to overcome these limitations to some extent.

Moreover although these results are supported by empirical data its generalizations should be made cautiously; as these studies are mostly focused on one particular type of Aggression, that is, physical aggression. Farrington (1993) proposed that aggressiveness can be best measured by different constructs at different ages; for example, fighting at the age of 8, vandalism at age 12 and homicide at age 18. Unfortunately this particular drawback might also be inherent in this study as I have used a single test and an overall score which measures aggression.

However decline in Aggression with Age cannot be generalized. A number of longitudinal studies have reported relationship between physical aggression in childhood and its long-term consequences, such as, violent crimes, alcoholism, drug abuse, partner assault, unemployment and divorce, scholastic difficulties, mental health disorders etc. (Farrington,1994; Fergusson and Horwood, 1998; Huesmannet al., 1984; Kokko and Pulkkinen, 2000; Naginand Tremblay, 1999; Reiss and Roth, 1993; Serbinet al., 1998; Stattin and Magnusson, 1989; Woodward and

Fergusson, 2000).It is important to note that these studies focus only on physical aggression whereas, it is not the only way in which aggression is manifested. Others studies highlight that in the preschool and early elementary years, physical aggression generally decreases while verbal aggression increases (Loeber and Hay, 1997; Tremblay, 2000). On the other hand some children increase in aggressiveness as they age. The most dangerous years for Aggressive children are late adolescence and early adulthood. During this period such adolescents are not only more aggressive than earlier but also have greater physical abilities and strength exposure to weapons and other antisocial activities. Thus consequences are more severe (Cairns and Cairns 1994; Verlinden et al., 2000).

Another factor that accounts for discrepancy in magnitude and type of aggression is Gender. Studies have often indicated higher levels of aggression in males. With college students these difference are noticeable right from preschool years with boys showing higher level of physical aggression then girls (Loeber and Hay 1997). Even if small number of girls shows physical aggression at this age, overall they show greater levels of verbal and indirect of aggression (Crick and Grotpeter, 1995; Rys and Bear, 1997). In later elementary grades and adolescence, gender differences increase. On account of this discrepancy gender has been introduced as a controlled variable in our research.

Regarding psychosocial factors that underlie Aggression, research suggests clear link between aggressive behavior in children and adolescent and their family environment. Parenting plays important role in shaping behavior of children and adolescents. However our traditional family system is undergoing major changes these days with increase in the number of women working in recent times. Surveys consistently show increase in number of employed women every year. This change has raised many questions on child development, women empowerment, family wellbeing and social systems and structure in general. There are many controversies that still struggle to find appropriate explanations. Different people have different views about the impact of mothers' job on child development. For many years children of employed women have been compared to unemployed ones with respect to their development and wellbeing. Literature suggests that children of employed mothers differ from homemakers in various aspects. Daughters of working mothers are found to be more aggressive and less passive than daughters of non-working mothers (Miller, 1975). Mody and Murthy (1988) have revealed that the children of employed mothers were found to be careless and slightly emotionally unstable in the early years compared to the children of un-employed mothers**.**

The opponents argue that attachment between mother and child takes place in the beginning years of children. The most important period of child development is first few years of children and at this stage children need the mothers most. Initially, concerns about maternal employment were to a large extent based on attachment security theory (Bowlby, J. 1969).There is clear and

significant association between early infant-mother attachment security and subsequent competence; in all aspects, for instance adjustment and interation with peers (LaFreniere and Sroufe, 1985),activity and independence when exploring new environment (Hazen and Durrett, 1982). Moreover it has also been shown that positive outcomes last beyond early childhood (e.g. Bradley et.al. 1988).

However research has failed to show that a positive attachment is necessarily hampered by maternal employment. Instead, analyses show some mixed reviews on the same. Other controversial issues related to maternal employment concerns the timing at which mother starts working and its effects on her children, particularly during the first year of the child's life. Zsuzsa Blaskó (2008) conducted a review of literature on maternal employment in the first 4 years of child and concluded that early maternal employment by itself has an adverse effect on children's socioemotional development, but this stands true, only if it happens in the first year of child's life. Consequences of later employment, that is, after the child turns 4 years old or above might even might also turn out to be positive. Likewise employed mothers indicate a higher level of well-being than unemployed women which may affect their parenting in positive ways. While the quality and stability of non-maternal care for infants and young children is important, the mother's employment itself does not seem to have the negative effects often proclaimed (Hoffman L. W, 1999). Similarly Hangaland Aminabhavi (2007) discovered that the adolescent children of employed mothers have high emotional maturity, especially female children, and are highly achievement oriented. Also it is observed that maternal employment is associated with higher achievement and fewer internalizing behaviors and employment during Years 2 and 3 is associated with higher achievement (Lucas, Thompson and Goldberg, 2010).

Objectives

1) To study the impact of age on aggression level of adolescent children.
2) To investigate the impact of maternal employment on aggression level of their adolescent children

METHOD

Sample

For this study, a sample of 300 adolescents (children between ages 10 – 18 years) were randomly selected form 4 schools of Ahmedabad, Gujarat i) Ahmedabad International school ii) Calorx public school iii) DAV international school iv)C.N Sheth Vidhyalaya. These students

Tools

Along with the biographical data sheet, to measure the aggression level among adolescents, Aggression scale developed by Dr. R.L. Bharadwaj is used. The scale focuses on wide variety of behaviors that might be initiated by aggression. It is a self-administered scale including 28 items

with five alternatives for each. The test-retest reliability coefficient of the scale is .79, theoretical validity is .83 and construct validity with frustration scale is .78

Procedure

Firstly the researcher randomly selected schools from Ahmedabad city. Then the students were asked to fill biographical data sheet. Based on their demographics the researcher randomly selected 300 students. Out of these, 100 students had their mothers employed right from the first year of their child's birth, 100 joined work after their child turned 5 years old or later and other 100 were unemployed at all the times. To control the effect of gender on aggression, the sample was equally divided into 150 boys and girls each. The Aggression scale was then administered individually on each respondent.

Statistical analysis

This paper uses 3 basic regression models with dummy variables to clarify the relationship between employed mothers, unemployed mothers, later employed mothers and aggression level of a child. Here, Age is also included as an independent variable into the models.

$AG_{1i} = -4.32 + 3.32D_{1i} + 4.73\ AGE_i + u_{1i}$……. (1)
AG_{1i} = Aggression level of a child
D_{1i} = 1 if the mother is employed
= 0 if the mother is unemployed
AGE = Age of a child
u_{1i}= Error

$AG_{2i} = -2.03 + 6.34D_{2i} + 4.36\ AGE_i + u_{2i}$……. (2)
AG_{2i} = Aggression level of a child
D_{2i} = 1 if the mother is employed
= 0 if the mother is later employed
AGE = Age of a child
u_{2i} = Error

$AG_{3i} = -7.87 + 3.09\ D_{3i} + 4.76\ AGE_i + u_{3i}$……. (3)
AG_{3i} = Aggression level of a child
D_{3i} = 1 if the mother is later employed
= 0 if the mother is unemployed
AGE = Age of a child
u_{3i} = Error

RESULTS AND DISCUSSION

Table 1: Basic Regression Result with Dummy Variable

Model		Age	Dummy	R-Squared	Adjusted R-Squared
Model 1	Coefficient	4.73	3.32	0.275	0.268
	t-statistics	8.59	1.21		
		*			
Model 2	Coefficient	4.36	6.35	0.239	0.231
	t-statistics	7.64	2.14		
		*	**		
Model 3	Coefficient	4.76	3.09	0.278	0.271
	t-statistics	8.65	1.08		
		*			

(Source: Author's calculation)

* = 1% significance level; ** = 5% significance level

Table no. 2 Mean score for Aggression of adolescent children

	Employed mothers	Later employed mothers	Unemployed mothers
Mean (M)	67.69	62.13	65.08
Number of adolescents (N)	100	100	100

Table no. 1 shows the results of the 3 different regression models with dummy variables. The table shows Age is most important one into all models and significant at 0.01 level. Age is positively related to Aggression. This suggests that, as child grows over a period of time, aggression level also increases.

Table no.1 shows there is no statistically significant difference in aggression level of adolescent children of employed and unemployed mothers. (Model no. 1, t-value= 1.21). But thus there exist significant difference between aggression levels of adolescent children of mothers employed from the beginning and those of later employed(model no. 2, t-value = 6.35, $p<0.05$).In case of model 3, the t-value is 1.08 which is not statistically significant. Table no.2 also shows that the differences in means of the various groups are less pronounced.

CONCLUSION

This study illustrates that aggression level in adolescents increase with age, for period of adolescence to adulthood. Our results are congruent with the studies that advocate increases in aggression during adolescence. However in the literature we have discussed about various types

of aggression in particular, but this study focuses on an overall single score of aggression. So it cannot be clarified what type of aggression adolescent children engage in the most. Thus, to some extent, we are unable to provide justice to the question raised through literature review.

Children of mothers commencing employment soon after the birth have highest level of aggression in their adolescence. Whereas adolescents of later employed mothers have lowest level of aggression, even lower than those of unemployed mothers. Such results indicate that maternal employment per se might not be the cause of aggression in children. Rather the particular stage at which mother joins employment can be the significant factor causing aggression in their adolescents. Thus this study confirms that maternal employment during initial years of the child results in lasting undesirable outcomes, but the same might have reverse outcomes if mother joins employment after the child is 5 years old or above. This difference may exist due to the fact that children sometimes learn to manage themselves on their own when the mother is not always available around. Such children are more independent and emotionally mature. They start exploring their surroundings at earlier age than children of nonworking parents and there are several positive effects of the same.

It is also revealed from the results that discrepancy in all the three groups is less pronounced, in spite of statistically significant difference. This may be attributed to the fact that quality maternal care in absence of mother is usually higher in our country. We live in a collectivistic culture, system of joint family is very common over here, and it is usually observed that the child is attended by other family members in absence of mother due to which effects of maternal employment may be subsidized. Nevertheless this is just an assumption and further clarification requires research in this subject.

Another important consideration is that relationship between maternal employment and child development is mediated by various other factors like mother's experiences in work and characteristics of her employment, such as working time, working conditions, occupational stress, work complexity and other intervening factors like social standing of the family and quality of maternal care provided by substitute in absence of mother all act together to alter this relationship. As this study does not include these various parameters generalization of the findings can be limited.

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Conflict of Interests

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Effect of Education on Quality of Life and Well Being

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ABSTRACT

One does not need to look far to find plenty of evidences of the influence of education on many important aspects of people's lives. So, if 'happiness' is understood in the robust eudaemonist sense of key for perfect living, then education evidently has an enormous impact. Education has become one of the clearest indicators of life outcomes such as employment, income and social status, and is a strong predictor of attitudes, wellbeing, good Quality of Life etc. Following Objectives were formed for the study: (i) To Assess and Compare Quality of Life of educated and uneducated Muslim Housewives. (ii) To assess and compare Well-Being of educated and uneducated Muslim housewife. 100 educated Muslim Housewives and 100 uneducated Muslim housewives were taken from District Aligarh. Snow Ball sampling technique was used for gathering the data. WHOQOL-BREF was used to assess Quality of life and Well- Being Scale was used to assess various well-being dimensions in both the groups. Significant Difference was found between various dimensions of quality of life and well-being of educated and non educated Muslim women of Aligarh district.

Keywords: *Education, Quality Of Life, Well-Being*

"Education is a liberating force and in our age it is also a democratizing force, cutting across the barriers of caste and class, smoothing out inequalities imposed by birth and other circumstances." ***- Indira Gandhi***

No country can achieve sustainable economic development without substantial investment in human capital. Education enriches people's understanding of themselves and world. It raises people's productivity and creativity and promotes entrepreneurship and technological advances. It's the education which transforms a person to live a better life and leads to broad social benefits to individuals and society. Education involves gathering of knowledge in whatever aspects. It

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helps a person to draw the best or of their mind and spirit. Education plays a vital role in the personal growth and the social development among all of us.

Education in Islam

As our study is concerned with Muslim Females so I would like to throw some light on Education in Islam. Islam has, from its inception, placed a high premium on education and has enjoyed a long and rich intellectual tradition. Knowledge ('ilm) occupies a significant position within Islam, as evidenced by the more than 800 references to it in Islam's most revered book, the Koran. The importance of education is repeatedly emphasized in the Koran with frequent injunctions, such as "God will exalt those of you who believe and those who have knowledge to high degrees" (58:11), "O my Lord! Increase me in knowledge" (20:114), and "As God has taught him, so let him write" (2:282). Such verses provide a forceful stimulus for the Islamic community to strive for education and learning.

Equality of men and women is emphasized in Islam and they are complementary in nature to one another.

The Quran says : O men! Fear your Lord Who created you from a single being and out of it created its mate; and out of the two spread many men and women. (Sura An-Nisa, Sura # 4, Aya # 1)

This verse clearly expounds that men or women created from a single entity and are basically equal genders. As a gender one is not superior to the other and according to usage, women too have rights over men similar to the rights of men over women. That rights enjoyed by men are the duties of the women and the duties of men are the rights of women. This implies a similitude between both the genders. There is no light conferred on man that women may be deprived of because she is a woman. Islam entitles women to the same rights and men in terms of education. The Prophet of ALLAH (P. B. U. H.) said as reported and authenticated by the scholars; seeking knowledge is compulsory for each and every Muslim (i.e. both male and female).

Well-Being and Quality of Life

Conceptions and definitions of well-being and quality of life have changed across the decades. Initially the terms ‘quality of life’ and ‘well-being’ were conceptually different. Smith (1973) theorized well-being as a concept measuring the objective life conditions of the population in general, and quality of life as a subjective assessment of individuals’ lives. Nearly four decades later, Gasper (2010) also argued that the two terms were conceptually different, but in the opposite way to Smith (1973), that is, he considered well-being applied more at individual level, and quality of life when discussing communities, localities, or societies. He acknowledged, though, the broad range of meanings that the terms have, and the frequent overlaps that occur (Gasper, 2010).

Still, most social studies use the term 'quality of life' in conjunction or interchangeably with 'well-being' (Veenhoven, 1999; Cummins, 2000; Easterlin, 2007; Michalos, 2007; Oswald, 2007 In words of Bradshaw, well-being has been defined as *"Playing an active role in creating their well-being by balancing different factors, developing and making use of resources and responding to stress."*

Shin and Johnson (1978) have defined well-being form of happiness as *"a global assessment of a person's quality of life according to his own chosen criteria"*

The WHO defines QOL as 'an individual's perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns' .

Education has never mattered more than it does today. It is the new currency of the global economy. It is essential for success, and the more you have, the better off you - and your family will be. The question arises what impact education has on Quality of life and well-being of Muslim women. In order to get answer of it this study was conducted keeping in mind the following objectives.

Objectives

1. To Assess and Compare Quality of Life of educated and uneducated Muslim Housewives.
2. To assess and compare Well-Being of educated and uneducated Muslim housewife

METHODOLOGY

Research Tools

Following research tools were used in the study

1. The **WHOQOL-BREF** is an abbreviated 26-item version of the WHOQOL-100 containing items that were extracted from the WHOQOL-100 field trial data. It yield scores in four domains: Domain 1: Physical health, Domain 2: Psychological, Domain 3: Social relations and Domain 4: Environment.
2. **Well- Being Scale** developed by Jagsharabu Singh and Asha Gupta. It consists of five sub-scales namely physical well-being, mental well-being, social well-being, emotional well-being and spiritual well-being. Each sub scale has ten items and there are 50 items in total. Scores on all the sub scales are added up to get the composite score as total well-being. Test- retest reliability of the scale was 0.98 and split half reliability was 0.96.

Procedure

100 educated Muslim Housewives (Post Graduate) and 100 Muslim housewives having only primary education (0-8th Class) of age range 23 to 45, belonging to Sir Syed colony of Aligarh

district were taken for the study using snow ball sampling method. Questionnaires were filled by the investigators themselves by paying a visit at their residence. Subjects were informed about the purpose of collecting the data and consent was taken from them. They were assured that their confidentiality will be maintained.

RESULTS

Table 1: Shows significance of difference between educated and uneducated Muslim females on various dimensions of well being. Though overall well being of educated females were more than uneducated females but this difference was not significant at 0.05 level. Significant difference was found in 3 domains of well being : Mental well being, Social well being and Emotional well being. Educated females were more Social (X=37.15) less Emotional (X=34.15) and more mentally strong (X=41.65) as compared to uneducated females and this difference was significant at .05 level. Though differences in physical and spiritual dimensions were also found but this difference was not significant at .05 level.

Table 1 Showing Mean, SD And t Value Of Well Being And Its Dimensions

Dimensions	N	MEAN	SD	T	P
Educated OWB	100	1.77	12.96	.85	.39
Uneducated	100	1.75	15.13		
Educated PHW	100	33.64	4.90	.301	.764
Uneducated	100	33.42	5.41		
Educated MWB	100	41.65	5.65	1.8	.051
Uneducated	100	40.24	5.36		
Educated SOWB	100	37.15	3.75	5.11	.000
Uneducated	100	34.40	3.85		
Educated EWB	100	34.15	6.55	3.23	.001
Uneducated	100	36.93	5.56		
Educated SPWB	100	31.34	7.08	.64	.521
Uneducated	100	30.66	7.81		

*PWB-Physical Well Being, MWB-Mental Well Being, SOWB-Social Well Being, EWB-Emotional Well Being, SPWB-Spiritual Well Being.

Table 2: Shows significance of difference between educated and uneducated Muslim females on various dimensions of Quality of life. Overall QOL was better of educated females (X=2.38) as compared to uneducated females(X=2.24) and the difference was significant at .05 level. Significant difference was found on three dimensions of QOL: Physical Health, Psychological Health and Social Relation. Educated females were having better Physical Health (X=60.12) better Psychological Health (X=64.71) and better Social relation (X=65.78) as compared to uneducated females and this difference was significant at .05 level. There was no significant difference in Environmental relation.

Table 2 Showing: Showing Mean, SD And t Value Of Quality of Life Dimensions

Dimensions	N	MEAN	SD	T	P
Educated QOL	100	2.38	18.25	5.02	.000
Uneducated	100	2.24	20.55		
Educated PH	100	60.12	9.08	2.00	.04
Uneducated	100	57.54	9.14		
Educated PS	100	64.71	64.8	1.93	.05
Uneducated	100	52.00	9.72		
Educated SOR	100	65.78	10.40	2.87	.005
Uneducated	100	61.48	10.75		
Educated EVR	100	53.94	7.47	.009	.993
Uneducated	100	53.93	7.75		

*QOL- Overall Quality Of Life, PH-Physical Health, PS- Psychological Health, SOR-Social Relationship, EVR- Environmental Relationship.

DISCUSSION

The study was conducted to see Quality of Life and Well-Being of educated and uneducated females. Education was found to have positive effect on Quality of life and well-being. First objective of our study was to assess and compare QOL of educated and non educated Muslim females. Our study indicated that there was significant difference in three domains of Quality of life (Physical Health, Psychological Health and Social Relationship) in both the groups.

Educated females were having better physical health, psychological health and social relationship as compared to uneducated females. Whereas there was no significant difference found in the fourth domain i.e. environmental relation.

Education is a basic determinant of QOL of individuals. People with limited skills and competencies are excluded from good jobs and have fewer prospects for economic prosperity. According to research, early schools leaves face a higher risk of social exclusion and poverty and are also less likely to participate in the civic life and political affairs of the society. This is also because education enhances people's understanding of the world they live in, and hence the perception of their ability to influence it (Europe 2020 target). Probably these are the factors why education affects QOL.

Evidence of higher education affecting quality of life is well documented in the education literature. Oreopoulos and Salvanes (2011) in a comprehensive review of the non pecuniary benefits of education concluded that education is one of the most important predictors of one's health status, Employability and probability of being married, all are well known predictors of QOL. (Oswald 1997, Layard 2005, Layaed et al. 2013).

Many scholars have found a positive and statistically significant association between education and self rated life satisfaction across different international data sets and time periods (eg ; Blanchflower and Oswald 2004, Easterlin 2001, Ferrer-i-Carbonell 2005, Graham and Pettinato 2002)

Yet there have also been other studies that have documented either a negaitive or a statistically insignificant effect of education on the way people report their QOL; (eg, Melin et.al 2003, Flouri 2004, Powdthavee 2008, Shields et al. 2009)

Other objective of this study was to assess and compare well being of educated and uneducated Muslim females. Our study indicated that educated females scored higher ob social, mental and emotional well-being and the difference found between both the groups was significant. Whereas no significant difference was found on the remaining dimensions i.e. Spiritual and Physical well being. A wide variety of studies have investigated the relationship between education and well-being.

Some studies identify a positive relationship between education and well-being, while others find that middle level education is related to the highest level of well-being (Dalan et.al 2008). Various studies have shown positive effects on individual well-being and health outcome (Feinstein 2002; Feinstein et al 2003; Subates and Feinstein 2004; Hammond & Feinstein 2006, Feinstein et al 2008).Poor health and low level of formal education have been found to reduce psychological well-beings (Thoits, 1983).

Another general finding is that the relationship between early formal education and perceived wellbeing is negative for some groups. For example, Alwin (1987) found that, after due allowance had been made for differences in income levels, people with more education were less satisfied with their global life situation. Several theories provide explanations for this finding (Rosenberg 1981; Gooderham 1987). In the social psychological perspective, reference group theory is perhaps the most dominant approach. This theory can be viewed as arguing that negative correlations between education, life satisfaction and perceived wellbeing arise because the relatively better educated groups tend to have higher aspirations, expectations and demands and, as a result, employ other reference standards in assessing their subjective life situation.

Individual perception of QOL may affect subjective well being indicating positive and negative evaluation of life. Thus SWB can be considered as a frame for any appraisals that people make about their lives (Dinener, Lucas 2006). Education influences people's perception of their QOL. It promotes social, cultural and political participation as an end in itself and as a means for improving the welfare of people. The influence of educational experiences on preferences, expectations, feelings and emotional states is integrated as a multiple force which contributes not only towards the shaping of personality characteristics but also to social psychological traits such as self esteem and perceived personal well-being.

Education improves well-being because it increases access to non alienated paid work and economic resources that increase the sense of control over life, as well as access to stable social relationships, especially marriage, that increases social support (Ross CE, Van Willigen M,1997)

LIMITATIONS

While interpreting the findings of our study it is important to acknowledge some of its limitation. Though a number of variables were kept constant like both the groups were matched in: Gender (Female), Age (23-40), Residential area (Sir Syed Nagar), Family Type (Nuclear) and Socio Economic status (Lower Middle according to Kuppuswamy's Socio-Economic Status Scale). Whereas various other confounding variables were not kept constant like: No. off offspring, Husbands education, Physical illness among family members, recent traumatic event etc. these variables can have positive or adverse effect on QOL and well-being of females. Hence in future studies all the factors should be kept constant in order to know exact effect of education on QOL and well-being.

CONCLUSION

The realization of the importance of education has been increased with changing time. Due to education the marriage prospects has been increased. Men now prefer marrying educated and employed girls rather than taking dowry. Moreover, the job opportunities of girls lead to economic independence. Education and employment are no more confined to men. With the changing time educational level of Muslim women is going up. There is a change in the attitude

of males towards liberalization in education of women. Moreover, education enabled the respondents to supervise and assist in their children's studies at home. A better educated wife has better status in the family.

There is an old proverb that says :- " If you educate a man, you educate an individual, but if you educate a woman, you educate a family" I would like to take it one step further and say that in today's economy, if you educate a woman, you strengthen a family and a nation, and that ultimately benefits everyone.

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Conflict of Interests
The author declared no conflict of interests.

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Effect of Climate Change on Mental Health

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ABSTRACT

On 5th of June the entire world celebrated the World Environment Day (WED) WED is being celebrated every year since 1973.To involve people all over the world, a slogan has also been coined for this year's WED. The slogan is: '**Raise Your Voice Not the Sea Level.'** The idea is that there is need to raise voice against the ongoing climate change so that brake is applied to the raising global temperature. 23We all know that 2014 has been declared as the hottest year globally by the Meteorological department of United States of America. Climate change is a global challenge which is likely to affect the mankind in substantial ways. Not only climate change is expected to affect physical health, it is also likely to affect mental health. Increasing ambient temperatures is likely to increase rates of aggression and violent suicides, while prolonged droughts due to climate change can lead to more number of farmer suicides. Droughts otherwise can lead to impaired mental health and stress. Increased frequency of disasters with climate change can lead to posttraumatic stress disorder, adjustment disorder, and depression. Changes in climate and global warming may require population to migrate, which can lead to acculturation stress. It can also lead to increased rates of physical illnesses, which secondarily would be associated with psychological distress. The possible effects of mitigation measures on mental health are also discussed. The paper concludes with a discussion of what can and should be done to tackle the expected mental health issues consequent to climate change.

Keywords: *Climate Change, Mental Health, Stress, WED*

Human influence has been the dominant reason behind the observed warming of climate since the mid-20th century. Increased exposure to heat is likely to become more common with the rise in the global temperatures. It has been suggested that there is a relation between temperature rise and aggressive behavior. Increase in rates of criminality and aggression have been observed during the hot summer months, suggesting a link between aggressive behaviors and temperatures. With global warming, it is possible that the rates of aggression may increase over time. Association has been also been seen with the rates of suicides and the temperatures. It has been seen that suicides, especially violent ones are more common with the recent increase in

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temperatures Heat waves have been associated with mental and behavioral disorders. A study from Australia suggests that heat waves are associated with increased rates of admissions for mental disorders also, in conjunction with other disorders such as cardiovascular and renal illness. Such heat waves have been associated with mood disorders, anxiety disorders, dementia and anxiety related disorders among others. Extreme heat exposure can lead to physical as well as psychological exhaustion. A study from Thailand suggests that occupational heat stress is associated with greater psychological distress among the workers. Similar other studies have found an association between increased temperatures in the work place and greater psychological distress.

Psychological consequence due to climate related disasters

Climate related disasters such as floods, hurricanes, and bush-fires are often associated with stress-related psychiatric disorders. Individuals who have been exposed to life threatening situations are at a considerable risk of developing posttraumatic stress disorder (PTSD).The symptoms of PTSD include flashbacks of the event, increased arousal and avoidance of cues to the memory of the event. In many cases, the symptoms of PTSD may have a delayed onset, months to years after the experiencing of threatening disaster situation. Development of PTSD is associated with impairment in the quality of life and significant subjective distress.

Individuals who have been through the experience of climate related natural disaster are not only at a higher risk of developing PTSD, but also at a greater risk of developing acute stress reaction and adjustment disorder. These disorders are anxiety spectrum disorders which can subside over a period of time with rehabilitations and/or treatment. Other stress exacerbated disorder includes development of acute and transient psychosis and relapse of bipolar disorder. Faced with the loss of home, environment, social structures and loved ones, an individual may develop a bereavement (grief reaction) or depression. The depression is likely to be more pronounced in those who live in small rural communities, than those living in big cities. As the impact of climate change seems to be increasing over the time period, it is likely that a greater proportion of the population would be impacted by the mental health consequences of climate change related disasters.

Drought and farmer suicide

Global climate change is likely to exacerbate droughts in the years to come. Changes in precipitation patterns are likely to lead to increased floods in some areas while prolonged droughts are expected in other areas. A relationship has been found between the occurrence of drought and farmer suicides. Such a trend has not only been found in developed country like Australia, but also in developing the country like India. Association has been found between crop failures due to unexpected droughts and suicide attempts in the farmers. Failure of crop can lead to economic hardships. When dependent on low precipitation situations, the farmer might not be able to sustain the expenses of the family and may become a victim of the debt trap to meet the

expenses. Second, it may also lead to rise in expenses of food and other goods in the region. Inability to make basic purchases can lead to malnutrition and risk of other infections, especially in developing countries where structural social services are not efficiently organized. Third, droughts are also often associated with prolonged exposure to warm, dry season. As above, it seems likely that exposure to heat can lead to increased rates of suicide attempts. Fourth, prolonged droughts can lead an individual to migrate to another region and/or pursue another vocation. This leads to acculturation stress which may further lead to suicide attempts in the farmer population. Since much of the world population depends on the farmers for their food supply, health care of the farmers is an important issue and efforts are required to provide help to them when needed. Moreover, since the majority of the farmers live in rural areas while healthcare facilities are concentrated in urban areas, efforts are required for easy access to services to this population.

Economic changes due to climate change and effect on mental health

Societies dependent on agriculture are likely to be quite impacted by the changing climate. Agricultural land may be encroached upon by rising sea levels, desiccation or flooding. Moreover, extreme heat makes agricultural work less productive due to fatigue of the workers. Decreasing agriculture produce also hampers the production in agricultural support industries which also employ the manual laborers during the lean season. These can lead to economic hardship which can result in an increase in mental health problems. It has been observed that drought prone areas are vulnerable to lower socioeconomic status and higher levels of distress and helplessness. Long duration droughts have been associated with deterioration of economic conditions, which has been associated with depression and demoralization. Distress due to prolonged droughts have been found in adolescents and have been seen to increase with time.

Social capital which combines social cohesion and community participation is strained under economic pressure situations. Decrement in social capital can lead to a reduction in wellbeing and may influence genesis of mental health problems. Women are more likely to be affected than men with the reduction of social capital especially when they have to migrate for employment or other reasons, which is likely to secondarily impact the family wellbeing.

Economic constraints can also have an adverse impact of healthcare seeking, especially for mental health. The ability of the society to provide treatment may be reduced during periods of economic hardships. Individual's payment for treatment, which is the more common mode of payment of treatment in developing countries, can be affected due to economic adverse situations, leading to inadequate treatment opportunities and suboptimal treatment.

Migration and acculturation stress

Climate change is likely to be related to changes in habitat and ecosystems all over the world. Submergence of coastal areas, hurricanes and floods, and prolonged droughts are likely to be

associated with migration of population, regionally and internationally. Previous mental health literature suggests that migration of individuals is related to acculturation stress, which is likely to act in the genesis of psychiatric disorders. For example, migrants are more likely to suffer from schizophrenia than the host population or the population of their origin. It has been suggested that the reasons of migration also influence the propensity to develop psychological problems in individuals. Those individuals forced to migrate after strife and disasters are more likely to suffer from psychiatric illness as compared to those individuals who choose to migrate voluntarily.

Usually, individuals develop a feeling of connectedness to their environment of residence. "Solastalgia" describes a loss of solace that occurs with the degradation of the environment of an individual's belonging. This discomfiture is likely to occur with the climate change resulting in changes in ecological balances and changing physical and climatic conditions in large parts of the globe.

Association with physical illnesses

Mental health is intricately linked with physical health. Poor physical health and ailments can lead to poor quality of life and psychological distress Often the psychological distress elicited by medical illnesses do not qualify for a severe psychiatric illness but require the diagnosis of adjustment disorders. Nonetheless, the anxiety and depressive symptoms generated as a consequence of physical illness require attention and are helped with treatment with antidepressants and counseling.

It is rarely in doubt that many physical illnesses would see increasing trends with climate change. Heat, drought, and flood related events are likely to be associated with increased rates of cardiovascular disorders, respiratory, gastrointestinal disorders, and renal problems. Environmental determinants such as pollen, smoke, dust, and a stagnant water consequent to heat, drought-related fires, and floods are likely to adversely affect human health and lead to chronic physical diseases. Occurrence of chronic physical disorders is likely affect mental health directly or indirectly due to strain on coping.

Climate change is also expected to lead to decrement in the overall arable land. This is likely to lead to a shortage in food supply if methods of boosting food productivity are not found. Malnutrition especially among children is likely to be exacerbated in developing countries if adequate food supply cannot be ensured with climate change. Nutritional deficiencies are likely to be associated with mental health problems like depression and cognitive decline.

Effect of adaptation and mitigation measures

Adaptation and mitigation measures aim to make individual adept to the changing environment and attempt to reduce environmental change in the future, respectively. Such measures by

themselves may lead to change-related mental health risks through various causal pathways. For example, adaptation to the work situation can have some risks to mental health. For places which do not have air-conditioners, increase in ambient temperatures might lead to decreased productivity in the day time when the temperatures are high. For workers who are paid subsistence rates in developing countries, avoidance of work in excess heat may result in reduced incomes and growing poverty. If they attempt to compensate with extending their work hours or at night, it may impair their family and social relations, leading to reduced buffer for development of mental illness.

Similarly, traveling between continental cities through trains and buses for the purpose of work may reduce the carbon emissions due to airlines. However, it may result in time expense and less actual time for the business purpose. This might also mean greater time spent on travel which could have been rather utilized with other family members or friends, or for cultivating recreation. Having lesser time for social interaction in a familiar and desirable situation is likely to have an impact on mental health secondarily.

What needs to be done?

Since climate change is likely to impact human mental health in many ways, it is imperative that some steps are taken to either reduce the global warming with time or develop measures to deal with the challenges posed through adaptation. Mitigation of greenhouse gases involves less reliance on fossil fuels, developing and using alternate efficient power sources, reducing encroachment on green cover and other similar measures. There is a developing global perspective about the need to reduce the carbon footprint per person over the next few decades, and to cover the inequities between the rich and the poor countries. Countering the challenge of climate change requires inter-sect oral and international collaboration to implement policies for reducing the emission of greenhouse gases.

Developing countries like India have also developed and articulated their policies toward challenging the impact of climate change. The National Action Plan on Climate Change (NAPCC) documents the Indian government's plan to deal with the issue of climate change. The eight missions focused on by NAPCC involves National Solar Mission, National Mission for Enhanced Energy Efficiency, National Mission on Sustainable Habitat, National Water Mission, National Mission for Sustaining the Himalayan Ecosystem, Green India Mission, National Mission for Sustainable Agriculture, and National Mission on Strategic Knowledge for Climate Change. Each of the missions aims at mitigating the process or reducing the impact of climate change. The effect of implementation of these policies needs to be seen.

Meanwhile, provision of adequate treatment facilities for managing mental health problems should be undertaken. This is especially required for natural disaster-related problems, when the vulnerability to stress is acute. It is likely that the existing infrastructure of treatment might be

compromised during the disaster situation. Such a time requires the inputs and help from professionals from other regions.

Promoting positive mental health is another way to mitigate the psychological distress due to climate change. Human resilience and coping can reduce the effect of mental health stress due to climate change. Utilization of strategies like yoga can be indigenous and acceptable ways to deal with stress.

Another method to reduce suicide fatalities due to secondary consequences of climate change may include debt-abolition or economic support for farmers. Creating co-operatives and protection of farmers from loan sharks might reduce the suicide rates due to crop-failures. Furthermore, provision of subsidies and guaranteed income during the drought seasons might lead to less economic and psychological stress on farmers in question.

What can and needs to be done in response to climate change can have many viewpoints. It might be probably useful to amalgamate the best from different solutions to provide a coherent, implementable and effective response to the concerns raised by climate change. And the solutions would be best refined with the systematic evidence accumulated over the course of time

CONCLUSIONS

Climate change is likely to affect mental health in many ways. Droughts, floods, rising sea level, increasing ambient temperatures and other consequences of climate change can produce increasing psychological distress through many mediators. These mediators include economic strain, migration and acculturation stress, lowering social capital, and traumatic events among others. Efforts to increase access to mental health services and attempts to mitigate the climate change with time would be appropriate responses to deal with the challenge of climate change in the time to come.

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Conflict of Interests

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Effect of Distance Reiki on Perceived Stress among Software Professionals in Bangalore

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ABSTRACT

The present study aimed to examine the efficacy of Distance Reiki on Perceived Stress. 60 software professionals from a software firm situated at Bangalore who met the inclusion exclusion criteria were taken up for the study. Sample was divided into two groups - experimental and control group (30 in each group). The intervention was carried out for 21 days for the experimental group and the control group was not given any intervention. Both groups were assessed at two time intervals- pre and post assessment. The Perceived Stress Scale (PSS-14) and socio demographic checklist was used to assess the participants of both the groups. The obtained data were analysed using descriptive statistics and t-test to assess the significance level between the groups. Results of the study reveal that there is significant reduction in perceived stress from pre to post assessments in the intervention group.

Keywords: *Perceived Stress, Distance Reiki, Software Professionals*

Perceived stress at the workplace has gained a lot of importance in recent years. It is often described as the outcome variable measuring the experienced level of stress as a function of objective stressful events, coping processes and personality factors (Augustine et al, 2011). **Stress at the workplace is** of great interest to psychologists, as most people spend a third of their adult lives at work (http://www.apa.org/topics/workplace/). Research has shown a huge spectrum of potential sources of stress at the workplace. These sources of stress are environmental factors like economic problems, political turmoil, technological upheaval etc., organizational factors like job role and task demands, interpersonal demands, organisational hierarchy, scalar chain, organization's growth stage etc. and individual factors like family issues, financial problems, personality traits etc. (Robbins,2001).Despite the different array of stressors employees are faced with, helping them combat stress is a tedious job from the organisational point of view. Over time various stress management programs have been tried and tested and the

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effects are seldom long lasting as the programs may not cater to the specific requirements of the employees as the workforce is always heterogeneous in India. In recent times there has been a huge shift of the type of stress management programs being used in software companies. Owing credit to massive research being done on the efficacy of complementary and alternative medicine (CAM), incorporation of CAM has paved its way into successful stress management techniques. Ranging from meditation to Ayurveda software companies are using a wide spectrum of CAM for its workforce. Reiki is also a CAM, it is a traditional Japanese healing modality categorized as energy medicine or bio field therapy by the National Centre for Complementary and Alternative medicine (NCCAM). Reiki practitioners help their patients to heal by placing their hands slightly above or lightly touching the patient's body at specific points. By doing this the Reiki practitioner is channeling life force energy through his/her body into the body of the patient. This allows the body's natural healing energy to flow freely thereby facilitating healing (Barnett et al,2014). Reiki can also be passed as Distance Reiki where in the patient and the Reiki practitioner is not in each other's vicinity. The Reiki practitioner mentally visualises the patient and heals the latter. Distance Reiki is usually used when the patient is unable to meet the Reiki practitioner Reiki has most often been used for memory loss, anxiety, depression, pain management and also in growing frequency with terminally ill patients suffering from cancer and AIDS. Although research involving Reiki as an energy healing therapy has not been extensive, the present study is being conducted to test whether Distance Reiki can reduce Perceived Stress of Software professionals.

Objective of the study

- To study the efficacy of Distance Reiki in reducing perceived stress among software engineers.

Hypothesis of the study

- Distance Reiki has no significant effect in reducing perceived stress of software engineers.

Research Design

Experimental design was adopted in this study.

METHOD

Participants / Sampling

The data for the study was collected in Bangalore from IT companies for software professionals with complaints of high stress. The sample of engineers was taken from Bangalore only based on the inclusion and exclusion criteria. The sample size was sixty, thirty participants each was randomly assigned to the experimental group the control group.

Inclusion Criteria

- Male and Female engineers.
- Age 23 to 33 years.
- Ability to comprehend and write in English.
- Minimum of 12 months' work experience in an organisation.
- Minimum educational qualification- Bachelor of Engineering/Bachelor of Technology/ BCA/ BSC Computer science
- Employed in the IT industry.

Exclusion Criteria

- Presence of any chronic physical ailment or psychiatric disorder.
- Previous exposure to any behavioural intervention within the past 12 months.

Materials/Tools of the study

1. Socio-demographic Data Sheet: This form contained information such as name, age, sex, education, marital status and family type, nature of work and years of experience and any significant physical illness.
2. Stress inventory for gathering background information about stressors faced by software professionals.(Verma, M;2001)
3. Perceived Stress Scale (PSS) (Cohen, et al., 1983): Developed by Cohen, et al., (1983), is a global scale and identifies the factors influencing or influenced by stress appraisal. It is a 14 -item scale which measures the degree to which situations in one's life is appraised as stressful during the past month. There are seven negative and seven positive questions for which the subjects were required to choose from a scale of 5 alternatives 'never' 'almost never' 'sometimes' 'fairly often' 'very often' relating to their feeling of being stressed on a 0-4 scale. The 7 positive items were reverse scored and added up to the 7 negative items to get the total score. Higher scores indicate greater stress. PSS scores are obtained by reversing the scores on the 7 positive items (e.g. 0=4, 1=3, 2=2) and then summing across all 14 items. Items 4, 5, 6, 7, 9, 10 and 13 are the positively stated items. Co-efficient alpha reliability for PSS is 0.84 with a test retest correlation of 0.85.

Statistical tools

Individual variables were coded for computer analysis and analysed using Statistical Package for Social Sciences (SPSS). The obtained data was analysed using descriptive statistics (Mean, SD, and percentage) and paired t-test to assess statistically significant difference within the group and between the group before and after assessment.

Procedure

The investigator sent an e-mail to the experimental group, which consisted of a write up explaining the nature and purpose of the study. A detailed explanation about Reiki and Distance Reiki was given in the mail. The mail was concluded with an invitation to participate in the study with a link to an online pre-assessment of the pre-assessment tools via Google docs. The participants from group who completed the online pre-assessment were healed through distance reiki for 21 days. The intervention of distance reiki was conducted by the investigator who is a certified Reiki practitioner, at her residence. Distance reiki would be sent to all participants at a fixed time slot of 5 minutes between 3am to 5 am for 21 days continuously. After 21 days an online post assessment was done via mail for all the participants. The Control Group was not given any intervention however orientation to the study and their importance as a control group was communicated to those who provided their consent to be a part of the control group. Both the tools were administered on the group. The group was again assessed after 21 days (post assessment).

RESULTS

Background information: The age range for the experimental group was 24 to 33. This group had 24 male participants and 6 female participants. As far as education background is concerned 60% were undergraduates and the remaining were postgraduates in software technology. This group had equal number of married and unmarried participants. Majority hailed from nuclear families only 33%belonged to non-nuclear families.

The control group had participants ranging from the age of 23 to 31. 76% of this group were males and the remaining were females. Majority of the participants were undergraduates the rest were post graduates in software technology. Only 2 % of the participants were married, 98% were single. Majority hailed from nuclear families only 30% were from non-nuclear families.

The sample reported to suffer highest from stressors pertaining to their work. The major sources of stress were poor relations with superiors, lack of support from superiors, difficulty in maintaining relationship with superiors, unfair assessments by superiors, discrimination and favouritism, working with uncooperative colleagues, working with incompetent colleagues, jealousies and competition among colleagues, time pressure and deadlines, work overload, fear of making mistakes that can lead to serious consequences, work is mentally straining, having to work continuously to achieve self-set targets, feeling inadequate for the job, task monotony, felling of being underpaid, lack of promotion aspects, feeling insecure in the job and fear of becoming redundant.

Both the groups had similar views and beliefs about CAM. The sample was aware about the benefits of various CAM modalities. On the contrary the sample did not have bare minimum knowledge of Reiki and its healing potential.

The results have been obtained after the collected data was scored and put to statistical analysis in order to test the formulated hypothesis of the study.

Table No.1 indicates the t-test results showing the effect of Distance Reiki on Perceived Stress

Groups Compared	N	M	S.D	t	Significance
Experimental and Control Groups before intervention					
E.G	30	26.27	5.76	1.96	0.539
C.G	30	28.23	7.15		
Experimental group					
Before	30	26.27	5.76	2.074	0.047
After	30	22.97	7.19		
Control group					
Before	30	28.23	7.15	1.84	0.076
After	30	26.47	5.51		
Experimental and Control Groups after intervention					
E.G	30	22.97	7.2	3.5	0.116
C.G	30	26.47	5.51		

Table 1 show that the Experimental group has obtained a mean of26.27 and S.D of 5.76 before intervention and mean of 22.97 and S.D of 7.2 after intervention. The Control group has obtained a mean of 28.23and S.D of 7.15 before intervention and mean of26.47 and S.D of5.51 after intervention. The obtained t-value1.96 comparing the mean values of the experimental and control group before intervention is not significant at 0.05 level.

While comparing the mean value of the Experimental Group, before and after intervention, a t-value of 2.07 was obtained, which is significant at 0.05 level. Comparison between the mean values of the Control Group, before and after intervention gives 1.84 as the t-value, which is not significant at 0.05 level. The obtained t-value 3.5, comparing the mean values of Experimental group and control group after intervention is significant at 0.01levels. Since the experimental group has consistently scored a significant lower mean than the control group, the alternate hypothesis “Distance Reiki has a significant effect on Perceived stress among software professionals is accepted.

DISCUSSION

The primary objective of this study was to check the efficacy of Distance Reiki on perceived stress of software professionals. Before the intervention both groups had similar scores on perceived stress. Special notification was given to participants asking them to refrain from initiating any stress combating technique during the 21 day intervention period. This was done to ensure that there would be not extraneous variable which would interfere with the study thereby maintaining likelihood that significant differences could exist post treatment which could be attributed to the distance reiki intervention.

On completion of the 21 day distance reiki intervention period, paired t tests demonstrated significant group differences on perceived stress. These findings are in consensus with the study of Shore AG (2004) who explored the long term effects of energetic healing on symptoms of psychological healing and self-perceived stress. In this study participants were healed by hands on reiki, distance reiki and placebo reiki separately. Results showed that Distance Reiki too had a significant effect on reducing stress in comparison with the control group.

The present findings is further supported by the study of Crawford et al (2002) which revealed that distance healing intervention studies scored better than hands on healing studies. However, the current finding conflicts as the systematic review by AstinJa et al (2000) of available data on the efficacy of any form of distance healing. It was noted that it was difficult to draw a conclusion about the efficacy of distance healing, however more than 57% of trials showed a positive treatment effect.

With the usual fast paced life of software professionals Distance Reiki has a higher preference than hands on reiki due to various convenience factors like, the recipient does not need to go to the reiki practitioner's reiki studio or clinic to receive Reiki, as time and space is no constraint for distance reiki the recipient can receive reiki healing at any time during the day at any place in the world also there are no rigid dietary restrictions to be followed to receive reiki unlike other CAM modalities like yoga and Ayurveda. These convenience factors can be considered as contributing reasons for the effectiveness of distance Reiki in this study.

Furthermore while traditional psychotherapy and medication is commonly used to combat symptoms of stress, these are more expensive in comparison to Distance Reiki healing. However this study is not aiming to compare Reiki with conventional psychological treatments. Recent research on various other energy healing modalities has shown similar results were in stress has significantly reduced. Studies on the efficacy of Distance Reiki are sparse, hence the new findings of this study contributes to the field of CAM interventions on psychological illness.

CONCLUSIONS

Stress is usually treated with psychiatric counselling and medication. Previous studies have found that Reiki is a promising complementary and alternative medicine for combating stress. The current study reveals that Distance Reiki reduces perceived stress as compared with controls. The benefit of Distance Reiki is proven to be effective with five minutes healing daily over a brief period of twenty one days for software professionals. The results of this study demonstrate that Distance Reiki can be used as an effective treatment to handle stress.

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Conflict of Interests

The author declared no conflict of interests.

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Peer Victimization and Emotional Problems in Vietnamese Children: A Longitudinal Study

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ABSTRACT

This study aimed to test the hypothesis that peer victimization in middle childhood predicts emotional problems in adolescents. The sample consisted of 1,000 students administrated at age 8 (wave 1) who were followed for seven years (wave 2). The peer victimization measures included one item derived from Goodman's Strength and Difficulties Questionnaire (SDQ) (wave 1) and nine other items developed by Young Lives' researchers (wave 2). The emotional problems measure used in both waves is SDQ's Emotional Symptoms Subscale. Primary caregivers reported these measures at wave 1 and the children themselves reported at wave 2. Results revealed that current emotional problems significantly mediate the link between peer victimization and later emotional problems.

Keywords: *Peer Victimization, Emotional Problems, Longitudinal Study, Cross-Sectional Study, Emotional Symptoms*

Peer victimization is the experience that children undergo when they are chronically victimized by other children's aggressive behavior, such as bullying, teasing or harassment, at or out of school (Hawker & Boulton, 2000; Goodman et al, 2001). Evidence suggests that peer victimization is associated with emotional problems in both cross-sectional and longitudinal relationships. Regarding the former, for instance, in a meta-analytic review of cross-sectional studies, Hawker & Boulton (2000) indicated that peer victimization positively correlated with some forms of emotional problems such as depression and anxiety. Regarding the latter, peer victimization also has long-term negative effects on children's emotions (Reijntjes et al., 2010). More specifically, peer victimization causes some forms of emotional problems longitudinally, from mild forms such as emotional symptoms manifested in a one-year follow-up (Malti et al., 2009), to severe forms such as anxiety and depression symptoms manifested two years later

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(Hanish & Guerra, 2002). However, the effects of peer victimization on emotional problems appear inconsistent across longitudinal studies. Some studies have revealed that children who suffer from victimization in childhood are more likely to experience emotional problems in adolescence (e.g., Zwierzynska et al., 2013; Kumpulainen & Räsänen, 2000) while other studies have not found evidence to support this link (e.g., Klomek et al., 2008).

Although there are many studies indicating the associations between peer victimization and emotional problems as mentioned above, research conducted in Vietnam on this topic is still limited. Meanwhile, the problem of peer victimization has been on the rise in Vietnamese schools in recent years. More specifically, a study by Hang and Tam (2013) revealed that peer victimization increased rapidly from 8.0% in 2006 to 19.7% in 2009 in their research sample. So far, there are several studies that stop at finding only the cross-sectional associations between peer victimization and emotional problems in Vietnam. For example, among students in Vietnamese secondary schools, Huong (2012) and Tran (2013) revealed significant cross-sectional relationships between being exposed to some types of bullying with anxiety. However, little is known about the long-term costs of peer victimization in the Vietnamese context. Thus, to address this, the present study will look into the emotional effects of the peer victimization phenomenon on Vietnamese school-aged children. Namely, the current study will dedicate to investigate whether long-term emotional effects can be found among children in Vietnam.

To fully understand the longitudinal link between peer victimization and emotional problems mentioned above, it is necessary to find out which factors contribute to that association. One factor explaining longitudinal effects might be that victims develop emotional problems during the bullying episodes and then retain these emotional problems over time, suggesting that the bullying should be considered an emotional scar from which it is hard to recover. Victims of bulling may develop emotional problems if they have some emotion problems, such as feeling isolated, at the same time of being bullied (e.g., Newman et al., 2005). At the same time, literature has articulated that emotional problems mediate the cross-sectional association and longitudinal link between peer victimization and maladjustments (e.g., Hoglund & Leadbeater, 2007; Baker & Bugay, 2011; McLaughlin et al., 2009). Based on these empirical evidences, it is reasonable to suggest that current emotional problems which co-occur with peer victimization may mediate the longitudinal relationship between this peer victimization and later emotional problems. The present research will investigate the mediation role of concurrent emotional problems and the longitudinal links between the peer victimization predictor and the outcome of later emotional problems in Vietnamese children.

In addition to investigating the mediation role of concurrent emotional problems, exploring the role of gender is useful to understanding the association between peer victimization and emotional problems. However, it is necessary to note that there is inconsistency among research conducted outside Vietnam about gender as a factor that moderates both cross-sectional and

longitudinal associations between peer victimization and emotional problems. For example, in some cross-sectional studies, researchers found that being bullied predicts depression among boys (e.g., Kaltiala-Heino et al., 2010), while others revealed that there is no gender effect in this association (e.g., Rudolph et al., 2011). Similarly, in some longitudinal studies, there is mixed evidence about whether gender significantly moderate the links between the two factors (e.g., Snyder et al, 2003; Goodman et al., 2001). In contrast with the many peer victimization research projects conducted in Western countries which discuss gender roles, there is little research of the role of gender in peer victimization in Vietnam. Utilizing a longitudinal approach, the present study is dedicated to examining the influence of gender on both cross-sectional and longitudinal links between peer victimization and emotional problems among Vietnamese children.

THE CURRENT STUDY

The present study aimed to investigate the links between peer victimization and emotional problems in an eight-year follow-up study with two waves in Vietnamese children. First, we examined cross-sectional associations between peer victimization and emotional problems at both waves. Second, we determined whether peer victimization at age 8 (peer victimization at wave 1, PV1) would predict emotional problems at age 15 (emotional problems at wave 2, EP2). Moreover, we investigated whether the effect of PV1 on EP2 was mediated by emotional problems at age 8 (emotional problems at wave 1, EP1). Finally, we examined the effect of gender in the associations between peer victimization and emotional problems. Based on our current study and on the existing research corpus, we expected to find that: (1) there are significant cross-sectional associations between peer victimization and emotional problems at both waves; (2) peer victimization significantly predicts emotional problems across time; (3) emotional problems at wave 1 is a mediating factor that significantly mediates the longitudinal link between peer victimization at wave 1 and emotional problems at wave 2 (indirect link). We also wanted to explore whether both cross-sectional and longitudinal relationships are affected by gender. The results from this study would give us a better understanding about the long-term emotional consequences of peer victimization in Vietnam.

METHOD

To address the aim of the current study, we used data collected in an international study of childhood poverty which is the Young Lives study, involving 12,000 children over fifteen years in four countries, including Vietnam. More specifically, the study followed two cohorts of children in each country during the fifteen-year span. They include 1,000 children born in 2001 or 2002 and 2,000 children born in 1994 or 1995. In Vietnam, the Young Lives study measured the childhood wellbeing of the two cohorts in addition to economic, social, physical and demographic aspects in different geographical areas of the country. The Young Lives study administered a variety of questionnaires covering many topics, including the issue of peer victimization and emotional problems, to the older cohort (Tuan et al., 2003; Thang et al., 2011). The dataset relates to peer victimization and emotional problems was utilized because it fits the

purpose of the current research. The Young Lives dataset is available from the UK Data Service, which we obtained from UK Data Service as a data file named "SN7483" (Boyden, 2014). As a result, we had a database that contains information on older cohort who were evaluated in a seven-year follow-up period, from age 8 (wave 1) to age 15 (wave 2).

Participants

The participants from the older cohort (born in 1994 or 1995) were followed in two waves. More specifically, there were 1,000 children in total (50.2% boys) in the survey in wave 1 (Tuan et al., 2003; Thang et al., 2011). However, the number reduced to 976 children (49.3% boys) in wave 2 of the survey. The age of children was 8-years-old in the first wave and 15-years-old in the second wave (Tuan et al., 2003). The primary caregivers reported on the questionnaire about their children in the first wave (97.2% females). Most of the caregivers who reported on the questionnaire about their children in the first wave (95.4%) were the children's biological mothers. The rest of the reporters were grandmothers (1.5%), fathers (2.4%), aunts/uncles (0.2%), and other (0.2%). Children reported for themselves on the questionnaire in the second wave. According to the dataset from the Young Lives study (Boyden, 2014), almost all of these children attended formal school (98.8%) and most of them attended public school (99.9%). 79.3% of the children's families were economically comfortable (managed to get by), while 12.2% of the families were economically disadvantaged (never had quite enough for living). Although Young Lives conducted their Vietnamese study using a largely economically disadvantaged sample, Thang et al. (2011) indicated that their data sample represents a wide socioeconomic variety of Vietnamese children and that their sample can be used as "an appropriate and valuable instrument for analyzing correlates and causal relations, and for modeling child welfare and its longitudinal dynamics in Vietnam" (p. 22).

Measures

Peer victimization

At age 8, peer victimization was measured by only one item: "Picked on or bullied by other children". This item was derived from the Goodman's Strengths and Difficulties Questionnaire, abbreviated SDQ (Tuan et al., 2003) with three response options ranging from Not true, Somewhat true to Certainly true. This individual item belongs to the peer relationship problem subscale of the SDQ and the scale had not been validated in Vietnamese population (Tran et al., 2003) at that time. This item was answered by the children's primary caregivers.

At age 15, nine items developed by Young Lives researchers (Thang et al., 2011) were used to measure peer victimization including: 1) Called you names or sworn at you; 2) Tried to get you into trouble with your friends; 3) Took something without permission or stole things from you; 4) Made fun of you for some reasons; 5) Made you uncomfortable by staring at you for a long time; 6) Punched, kicked or beat you up; 7) Hurt you physically in some way; 8) Tried to break or damaged something of yours; 9) Refused to talk to you or made other people not talk to you.

These items were rated in a 4-point Likert scale ranging from Never, Once, 2-3 times to 4 or more times. In the current study, Cronbach's Alpha for these nine items was acceptable (α = 0.78). These items were reported by children.

Emotional problems

Emotional problems at both waves were also measured by the emotional symptoms subscale of the SDQ (Tran et al., 2003). Regarding wave 1, children's main care givers were asked to report on their child's emotional problems by answering the items in the subscale. There were five items in the subscale including: 1) Often complains of headaches, stomach aches or sickness; 2) Many worries, often seems worried; 3) Often unhappy, downhearted or tearful; 4) Nervous or clingy in new situations; and 5) Many fears, easily scared. These items were answered by primary caregivers in a 3-point Likert scale ranging from Not true, Somewhat true to Certainly true. In the current study, Cronbach's Alpha for these items was slightly low (α = 0.63).

At age 15, because the respondents changed from primary caregivers to the children themselves, there were some changes in the wording of the SDQ's emotional symptoms subscale. Namely, they are: 1) You worry a lot; 2) You get a lot of headaches, stomach aches or sickness; 3) You are often unhappy, downhearted or tearful; 4) You are nervous in new situations; 5) You have many fears, you are easily scared. Children reported on these items with three options ranging from Not true for me, A little true for me to Certainly true for me. The reliability of this subscale for the present study was slightly slow with Cronbach's alpha coefficients α = 0.67.

RESULTS

Descriptive results

Preliminary descriptive statistics about peer victimization and emotional problems at both waves for the total sample data are presented in Table 1.

Table 1. Descriptive statistics, t-test about peer victimization and emotional problems at both waves.

	Mean(SD)	Gender		t-test
		Mean Males (SD)	Mean Females (SD)	
PV1	1.91 (0.88)	1.90 (0.87)	1.91(0.89)	0.06
EP1	9.02(2.68	8.88(2.59)	9.17(2.27)	1.69
PV2	11.99(3.75)	12.01(3.90)	11.98(3.60	-0.15
EP2	8.64(2.16)	8.25(2.10)	9.01(2.15)	5.51***

*Note. **p <.01, ***p <.001;* PV1 = Peer victimization at wave 1; EP1 = Emotional problems at wave 1; PV2 = Peer Victimization at wave 2; EP2 = Emotional problems at wave 2

Cross-sectional associations

We tested correlations between peer victimization and emotional problems at both waves. Results showed that peer victimization positively correlates with emotional problem in two cross-sectional associations at two time points (Table 2).

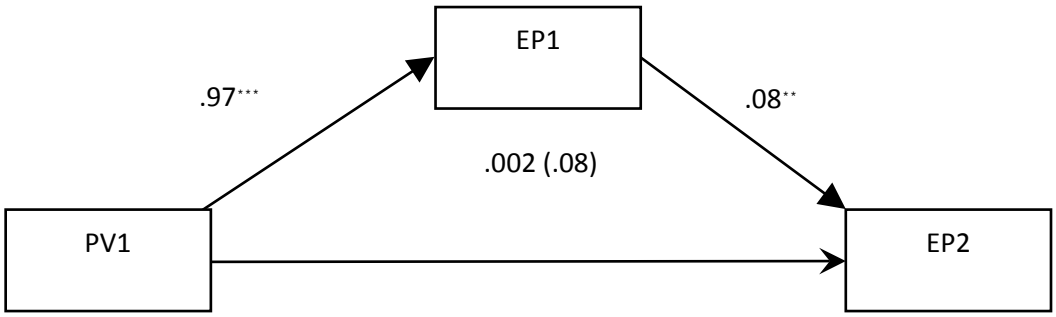
Table 2. Correlations between peer victimization and emotional problems at both waves

		PV1	EP1	PV2	EP2
PV1		1			
EP1		. 33**	1		
PV2		.01	.00	1	
EP2		.03	.10**	.35**	1

*Note. **p <.01, ***p <.001;* PV1 = Peer victimization at wave 1; EP1 = Emotional problems at wave 1; PV2 = Peer Victimization at wave 2; EP2 = Emotional problems at wave 2

Longitudinal association and mediation effect

To determine both 1) a longitudinal link between peer victimization and emotional problems and 2) a mediation role of concurrent emotional problems which co-occur at the same time with peer victimization, analysis was made with peer victimization at wave 1 (PV1) as the risk factor, emotional problems at wave 2 (EP2) as the outcome and emotional problems at wave 1 (EP1) as the mediator. Results of the analysis is presented in Figure 1



Note. ***p <.01, ***p <.001;* PV1 = Peer victimization at wave 1; EP1 = Emotional problems at wave 1; EP2 = Emotional problems at wave 2. The values in the figure reflect unstandardized regression weights.

Figure 1. **The final mediation model for emotional problems.**

As Figure 1 illustrated, peer victimization at wave 1 did not significantly predict emotional problems at wave 2 (*β =.002, p = .99, ns*). However, peer victimization was found to positively correlate with emotional problems at wave 1 (*β = .97, p <.001*) which, in turn, was positively predicted emotional problems at wave 2 (*β = .08, p < .01*).

In the full mediation model, the relationship between current peer victimization at wave 1 and emotional problems at wave 2 was mediated by emotional problems at wave 1. The

unstandardized indirect effect was .08 (.97 x .08). Bootstrapping procedures were used to test the significance of this indirect effect. Unstandardized indirect effects were calculated for each of 10,000 bootstrapped samples. The bootstrapped unstandardized indirect effect was .08 with 95% confidence interval ranging from .03 to .13. As a result, emotional problems at wave 1 significantly mediated the longitudinal link between peer victimization at wave 1 and emotional problems at wave 2.

Gender effects

We examined the moderator role of gender in cross-sectional associations between peer victimization and emotional problems at both waves. Although there was a significant gender difference in emotional problems seen in wave 2 (Table 1), gender did not significantly moderate the association between peer victimization and emotional problems at wave 1 ($p=.09$, *ns*) and wave 2 ($p=.30$, *ns*). Gender was also found not to moderate the longitudinal link between peer victimization at wave 1 and emotional problems at wave 2, ($p=.23$, *ns*).

DISCUSSION

This current study aimed to investigate the long-term cost of peer victimization on emotional problems in Vietnamese children. We hypothesized that there were significant associations between peer victimization and emotional problems both between and within waves. In addition, we expected that emotional problems that co-occur with peer victimization would significantly mediate the longitudinal link between peer victimization and later emotional problems. We also predicted that gender would moderate the associations between peer victimization and emotional problems at both cross-sectional relationships and longitudinal link. To test these hypotheses, we used bivariate correlation, mediation and moderation analysis in the current study. Some hypotheses have been confirmed in the present study. Namely, the results from the current study confirm that peer victimization and emotional problems positively correlated at both waves. However, we found no evidence to support the longitudinal link between peer victimization and emotional problems as hypothesized in the current study, as current peer victimization did not significantly predict emotional problems over time. In line with our predictions, current emotional problems were found to significantly mediate the longitudinal link between current peer victimization and later emotional problems. With regard to gender effect, no significant evidence was found to confirm the hypothesis that gender significant moderated the associations between peer victimization and emotional problems at both cross-sectional relationships and longitudinal link. One possible explanation for these results is that both sexes experienced peer victimization and emotional problems equally in most cases except for emotional problems at wave 2.

The cross-sectional correlations between peer victimization and emotional problems in the present study align with the literature indicating that peer victimization is associated with emotional problems (e.g., Hawker & Boulton, 2000). These results are also consistent with

Vietnamese studies (e.g., Tran, 2013; Huong et al., 2012). However, this study differed from the studies of Tran (2013) and Huong et al. (2012) in that we considered the cross-sectional associations between peer victimization and emotional problems in a larger population of children over different cohorts, from middle childhood (age 8) to early adolescence (age 15). Our findings provide empirical evidence to support the cross-sectional association of peer victimization and emotional problems throughout the course of development among Vietnamese children.

While peer victimization positively correlated with emotional problems in both cross-sectional relationships, it did not significantly predict emotional problems seven years later. This finding is in line with those of Snyder et al. (2003), and Malti et al. (2010), which revealed that peer victimization does not predict emotional symptoms in children in the long-term. However, Snyder et al. (2003) and Malti et al. (2010) reported that increases in peer victimization predicts emotional symptoms in boys. One reason why we could not replicate the latter effect, might have been the use of different informants between the two waves: student's main caregivers as opposed to students themselves, which typically do not highly correlate (e.g., Lewis et al., 2014; Løhre et al., 2011). In addition, differences in the measurement of peer victimization at the two waves also make it difficult to examine this hypothesis. Finally, the long time between the current study's measurement waves might have resulted in low correlations.

Although these results suggest that peer victimization does not have a significant long-term impact on children's emotional development, the current study's mediation analysis warrants caution for such conclusions. More specifically, the emotional problems children experience in association with peer victimization significantly mediate the longitudinal relationship between the two factors. That is, peer victimization positively correlated to later emotional problems through the mediating role of concurrent emotional problems. This finding is consistent with prior research indicating emotional problems as risk factors that mediate the association between peer victimization and emotional maladjustment (e.g., McLaughlin et al., 2009; Baker & Bugay, 2011). Consequently, it can be concluded that concurrent emotional problems were risk factors that increase later emotional problems among children in Vietnam who have been bullied. As a result, the current study contributes to the literature on the role of the social-cognitive process in mediating the link between peer victimization and emotional adjustment problems in children (Crick & Dodge, 1994; Hoglund & Leadbeater, 2007) through replicating it in a sample of Vietnamese children. Namely, the emotional problems which are part of social-cognitive process deeply affect children's emotional adjustment (Crick & Dodge, 1994).

The final purpose of this study was to examine the effects of gender on the cross-sectional relationships as well as the longitudinal association between peer victimization and emotional problems. Although girls were found to report more emotional problems than boys at wave 2, gender was not a significant moderator of the associations between peer victimization and

emotional problems on both the cross-sectional relationships and longitudinal link. These findings add to the current body of evidence that finds no gender effect on the association between peer victimization and emotional problems. This suggests that the emotional cost of being bullied is comparable for boys and girls. This finding is important because it would mean that interventions addressing the long-term cost of peer victimization on consequent emotional problems should equally concentrate on both genders in Vietnam.

CONTRIBUTIONS AND LIMITATIONS

A strength of this paper is its relatively large sample size which allows results to be representative of Vietnamese children. In addition, this study revealed that concurrent emotional problems are the factors that increase the risk of additional emotional problems among children bullied in Vietnam. This finding may be helpful for seeking interventions that address the long-term effect of peer victimization by focusing on treatment of emotional problems for peer victimized children.

Although the current study has several notable strengths which include the longitudinal approach in a relatively large sample size, it is not without limitations. These limitations relate to the reliability and validation of the research questionnaires. With regard to reliability, peer victimization at wave 1 was only measured by one item. Meanwhile, literature expressed concerns that a single item measure provides inadequate information to estimate measurement properties (McIver & Carmines, 1981).

With regard to validity, the scale used to measure peer victimization and emotional problems at wave 1 had not been validated at the time that the survey was conducted with the Vietnamese population (Tran et al., 2003). In addition, regarding the scale utilized to measure the two factors at wave 2, no information related to their validity has been found so far. Therefore, it is necessary to conduct further longitudinal studies which use scales featuring good psychometric properties to investigate the association between the two factors. This will help provide more sufficient evidence about the long-term cost of peer victimization in Vietnamese school settings.

Another limitation is the difference of the informants at each time point. More specifically, the children's primary caregivers were the respondents in the first wave while the children filled that role in the second wave. Although there is evidence that reports from different informants have equivalent validity in assessing childhood bullying (Shakoor et al., 2011), this limitation made it difficult to compare peer victimization as well as emotional problems at wave 1 with those at wave 2. Nevertheless, using multiple informants and still finding significant effects over such a long time period are serious indicators that these results are underestimations rather than overestimations of the actual effect size. In other words, these findings should be considered as highly valuable in the debate on the long-lasting emotional damage children experience as a result from being victimized by peers. Moreover, these findings should be an incentive to

increase efforts to reduce peer victimization and to help its victims, not only in Vietnam, but also globally.

CONCLUSION

The current study examined the long-term cost of peer victimization on emotional problems in a longitudinal study about Vietnamese children. It revealed that peer victimization and emotional problems in the Vietnamese context are two parallel problems during the course of development from childhood to middle adolescence. In addition, current emotional problems were found to be significant risk factors that cause peer victimization to have a significant impact on future emotional problems. These findings indicate the need for additional studies. First, because the social-cognitive process links peer victimization to emotional problems, it would be interesting to conduct studies focusing on the effects of peer victimization on social-cognitive process and how this process influences behavioral tendency among Vietnamese children. Second, findings on the role of emotional problems suggest the need to implement research which focuses on developing strategies for treating emotional problems in Vietnamese children over the course of childhood development.

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Conflict of Interests

The author declared no conflict of interests.

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Positive Psychological Factors of Career Development among Undergraduate Students

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ABSTRACT

The purpose of this study was to investigate the relationship between self-efficacy, confidence and exploration factors of career development among undergraduate students. Also, it was hypothesized that Gender, Education status, Nature of study, Type of family would make significant differences in career self-efficacy, career confidence and career exploration. The study was conducted on 194 undergraduate students by the direct administration of career self-efficacy scale, the scale of career confidence, the scale of career exploration behavior-short form and personal information form. Among them 134 were males and 60 were females. The data were subjected to Karl Pearson's product moment correlation and one way ANOVA. The result revealed significant positive relationship among self-efficacy, confidence and exploration factors of career development and significant demographic difference in these variables among the undergraduate students. Female undergraduate students were found to have more career self-efficacy, confidence, career exploration behaviors than male undergraduate students. Undergraduate students without arrears are found to have more career self-efficacy and self-confidence than students with arrears. Career exploration behavior does not significantly differ between students without arrears and with arrears. The hosteller undergraduate students were found to have more career self-efficacy and career exploration behavior than the day scholar undergraduate students. Career confidence does not significantly differ between hostellers and day scholars. Students of nuclear family have more career self-efficacy than joint family undergraduate students. The results are interpreted based on the career development theories.

Keywords: *Self-Efficacy; Confidence; Exploration Factors; Undergraduate Students*

Positive psychology talks about the promotion of positive psychological strengths like self efficacy, self confident. Like other developments, the career development is also of primary importance as it requires systematic manipulation of various human potentials. If matched there

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capacities would promote a good career development. In this study two of such positive psychology strengths have been explored in relation to career development.

Career development:

According to Farren et al. (2008) Career Development is the lifelong process of managing learning, work, leisure, and transitions in order to move toward a personally determined and evolving preferred future. Further they add that Career development is an organized, formalized, planned way to achieve alignment between the individual's career needs and aspirations and the organization's work-force requirements. It integrates activities of the employees and managers with the policies and procedures of the organization. It is an ongoing process linked with the organization's human resource structures rather than a one-time event.

An ideal career development process involves having a broader skill base, Making logical job transitions, Having increasing responsibility, Having a broader prospective, Making decisions easier, Earning more and Be more satisfied.

Career Self-efficacy

According to Alberta Bendura (1977) self-efficacy is the belief that one has the power to produce that effect by completing a given task or activity related to that competency. It relates to a person's perception of their ability to reach a goal. Self-efficacy is the belief that one is capable of performing in a certain manner to attain certain goals. It is the expectation that one can master a situation, and produce a positive outcome. (E.g. 1.Based on my past experience, I feel I have the necessary skills to find a good job, 2. I care about getting a good job, but I don't worry too much about it.)

The major factors that influence self-efficacy are task oriented behaviors, nurturing environment and positive cognitive factors. Hence the career self-efficacy is the belief in self about a future course of a career action. Another related phenomenon is the career confidence that deals with the certainty about the career action performed.

Career Confidence

Confidence is generally described as a state of being certain either that a hypothesis or prediction is correct or that a chosen course of action is the best or most effective. Self-confidence is having confidence in oneself and if applied in the career development perspective it would deal with the degree of certainty in choosing a career. One additional phenomenon in career confidence is decision making. Again, in turn, decision is related to planning. And planning gives chance to the establishment of independent goals; provides a standard of measurement; converts values to action; and it allows for limited resources to be committed in an orderly way. Thus career confidence is the composition of career decision making and planning. The scale used in this study to gauge career confidence. Thus, involves items that measure these variables. (E.g.1.

Make a plan of your goals for the next five years. 2. Select one occupation from a list of potential occupations you are considering.)

Career Exploration factors

Studies suggest that people with self-efficacy and confidence are likely to engage in more exploratory behaviors. Career exploration is a developmental stage identified by career development theorists (Super, l990) and occurs typically during adolescence when boys and girls try out various work roles in part time work, volunteer work, or in school/community activities.

Hence here career exploration is defined as an ongoing process that includes collecting information about career interests, ability and skills, values, personality and career readiness. (E.g. 1.Sought opportunities to demonstrate work skills, 2. been retrospective in thinking about my career.)

Self efficacy, confidence and exploration factors as positive strengths:

Martin Seligman a pioneer in positive psychology perspective advocated shifting the focus of psychology from "studying and trying to undo the worst in human behavior to studying and promoting the best in human behavior"(in Baumgarder & Crothers,2009, p3). Having this plea as the impetus social science researchers started systematically investigating on positive strengths of human behavior. Such as resilience, happiness, self-regulation. Thus in this study three of such positive strengths related to the career development namely self-efficacy, confidence have been investigated.

Need for the study

In a multicultural developing society like India when individuals find successful job they are confronted with a number of challenges and problems resulting due to the lack of understanding regarding self-efficacy, confidence and exploration behavior. Therefore it is the essential to study the nature of these self-efficacies, confidence and exploration behaviors with other individual variables. The investigator attempts to concentrate on the self-efficacy, confidence and exploration among final year undergraduate students of the Salem district a backward and developing district. A proper understanding of the above mentioned variables would aid in the healthy transmission of undergraduate students in to their successful career. So the investigation related to the study variables in this research are very much needed in the present context. Thus the following hypotheses are framed

H1. Gender makes significant difference in career self-efficacy, career confidence and career exploration

H2. Education status of students makes significant difference in career self-efficacy, career confidence and career exploration

H3. Nature of study makes significant difference in Career self-efficacy, career confidence and career exploration

H4. Type of family makes significant difference in Career self-efficacy, career confidence and career exploration

METHOD

The sample

Two colleges (A Govt. college and a private college. Both situated in the backward areas of Salem district) were approached. Initially 250 students who gave consent were administered the questionnaire for the study. But only 194 questionnaires were found complete. Thus, the sample consists of 194 undergraduate students. Sample consists of 134 males and 60 females. Researcher collected required data by the direct administration of the questionnaire.

Tools

1. **Personal data sheet**

   A personal data sheet was used to collect personal data including gender, academic standing, nature of study, type of family.

2. **Career self-efficacy source scale (CSESS):**

   To measure the source of career self efficacy beliefs, the career self efficacy source scale developed by Nasta (2007) was used. This scale was developed by the author based on Bandura's (1977) Anderson and Betz (2001) and Citue and Combs (2002). It is a five part scale (1) Never (2) Rarely (3) Sometimes (4) Often and (5) Very Often. The career self efficacy scale contains five subscales which are Vicarious Learning (e.g. I see other students like me get good jobs after college), Verbal Persuasion (e.g. People tell me that I should find a job easily), Emotional Arousal (e.g. I feel really great when I am doing things to find a career), Performance Accomplishments (e.g. I have done well in the past in finding jobs).

3. **Career confidence scale or career decision self-efficacy scale-short form (CDMSE-SF)**

   This scale was developed by Betz, Klein and Taylor (1996). The career confidence scale measures an individual's confidence whether individuals can successfully complete a career task. This scale consists of a total of 25 questions. The responses were scored on an interval Likert-type scale, and are (1)no confidence at all, (2) very little confidence, (3)moderate confidence, (4)much confidence, and (5)complete confidence. The career confidence scale contains five subscales which are accurate self-appraisal (e.g. Accurately assess your abilities), gathering occupational information (e.g. Talk with a person already employed in a field you are interested in), goal selection (e.g. Choose a career that will fit your preferred lifestyle), making plans for the future (e.g. Make a plan of your goals for the next five years.) and problem solving (e.g. Change majors if you did not like your first choice). According to the author, the 25-item scale is a highly reliable and valid measurement (Betz et al., 1995; Betz & Luzzo, 1996; Betz & Taylor, 2001).

4. **Career exploration behavior survey-revised (CES-R)**

   Revised version of the career exploration behavior survey- scale was developed by Stumpf et al., (1983) and it contains 3 subscales, viz., environment exploration (e.g. Investigated career possibilities), self exploration (e.g. Established career plans for the

future) and intended-systematic exploration (e.g. Participated in practice interviews). The career exploration behavior survey-revised consisted of a total of 28questions. The responses were scored on an interval Likert-type scale. The scales responses were 1-never, 2-somewhat, 3-a moderate amount, 4-a substantial amount, 5-a great deal. Past studies have supported that the career exploration behavior survey subscales demonstrate acceptable levels of reliability and construct validity (Stumpf et al., 1983).

Method of Data Collection

The researchers personally visited the government and private colleges in Salem. Primary data were collected by conducting direct group administration of the questionnaires with the consent of the principals of the colleges as well as the informed consent of the participants.

Statistical Analysis

The data were subjected to Karl Pearson's product correlation, independent sample t-test and one way ANOVA to test the hypotheses.

RESULT

Table 1, Correlation between career self-efficacy, career confidence and career exploration behavior.

Correlation	Career Self-Efficacy	Career Confidence
Career Self-Efficacy	1	
Career Confidence	.578**	1
Career Exploration Behavior	.553**	.667**

**. Correlation is significant at the 0.01 level (2-tailed).

Table 1 shows inter correlation between career self-efficacy, career confidence and career exploration behavior. This correlation matrix clearly reveals that the career self-efficacy is positively and significantly correlated with career confidence ($r=.578$, $p<0.01$). And Career self-efficacy is significantly and positively correlated with career exploration behavior ($r=.553$, $p<0.01$). Again, Career confidence is significantly and positively correlated with career exploration behavior ($r=.667$, $p<0.01$). The significant astrixes of correlation coefficient conveys that the sample size is adequate enough to establish the correlation. Hence, these direction variables are found to have a positive in terms of their relation. Further it has been established that construing these components for the understanding of career development is reliable.

The result confirms many previous studies which revealed the significant relationship between career self-efficacy beliefs and career exploration activities (Blustein, 1989; Van Ryn &

Vinokur, 1992; Betz & Voyten, 1997; Foltz & Luzzo, 1998; Sterrett, 1998). Dawes et al. (2000) had stated that the basic career self-efficacy belief that one can successfully search for a job is needed for initiating the job search, obtaining employment, enduring rejection, and staying with a job once it is obtained. Similarly, Van Ryn and Vinokur (1992) found that the higher an individual's level of career self-efficacy, the more job search behaviors and positive employment outcomes will occur. Dawes et al. (2000) found further that low career self-efficacy can limit career exploration and development. Past studies support then, that career self-efficacy beliefs can in fact influence career exploration behaviors

Table 2 Career self-efficacy, career confidence, and career exploration behaviors among various groups

Career Behaviors	**Personal variables**		**Mean (SD)**	**t –Value**
Self-Efficacy	Gender	Males	67.17 (11.60)	14.68*
		Females	73.87(10.42)	
	Arrears	without arrears	70.78(11.46)	9.683*
		with arrears	65.04(11.19)	
	Nature of study	Day scholar	67.94(11.52)	6.868*
		Hosteller	72.81(11.34)	
	Type of family	Nuclear	70.34(11.8)	5.882*
		Joint	65.60(10.3)	
Confidence	Gender	Males	92.63(15.06)	5.76*
		Females	97.97(12.45)	
	Arrears	without arrears	95.82(13.50)	6.096*
		with arrears	90.10(16.29)	
	Nature of study	Day scholar	93.89(14.78)	0.381^{NS}
		Hosteller	95.35(13.73)	
	Type of family	Nuclear	94.66(15.1)	0.443^{NS}
		Joint	93.02(12.2)	
Exploration Behavior	Gender	Males	93.65(21.67)	5.54*
		Females	101.0 (16.20)	
	Arrears	without arrears	97.47(19.19)	3.072^{NS}
		with arrears	91.71(23.01)	
	Nature of study	Day scholar	93.77(20.90)	6.067*
		Hosteller	101.81(17.81)	
	Type of family	Nuclear	95.37(20.5)	0.481^{NS}
		Joint	97.78(20.0)	

Note: Males=134; Females=60; without arrears =142; with arrears =52; Day scholar =142; Hosteller =52; Nuclear Family=149; Joint Family =45; * $p<0.05$; NS=Not significant.

Career self-efficacy significantly differs between male and female undergraduate students at .05 level. Female undergraduate students are higher in career self-efficacy than male undergraduate students. This indicates that female undergraduate students have more positive and negative past experiences. They may also tend to watch others' experience and how others' self-efficacy could lead to success in job search. Others' verbal encouragement or discouragement will improve female career self-efficacy. Career confidence significantly differs between male and female undergraduate students at .05 level. Female undergraduate students are found to be more confident than male undergraduate students. This indicates that female undergraduate students are able to evaluate their own strengths and weaknesses; the female students are found to search more information about job opportunity; and are more goal directed. Further female students have been identified here as to devote more time to plan for their career and also have a better problem solving capacity. Career exploration behavior also significantly differs between male and female undergraduate students at .05 level. Female undergraduate students are found to have more career exploration behavior than male undergraduate students. This indicates that career self-efficacy and career confidence are found to influence their career exploration behavior. The table shows female undergraduate students have more self-efficacy and confidence in job searching compared with male undergraduate students. The female undergraduate students are also found to have more intended-systematic exploration, environment exploration and self exploration. Hence, the hypothesis 1 has been accepted.

Besides the table reveals that career self-efficacy significantly differs between students without arrears and with arrears at .05 level. Undergraduate students without arrears are found to have more career self-efficacy than students with arrears. This indicates students without arrears may tend to have more positive and negative experience; tend to receive more verbal encouragement. Career confidence significantly differs between students without arrears and with arrears at .05 level. Students without arrears have more career self confidence than students with arrears. This indicates that students without arrears are able to evaluate exactly their strength and weakness and to receive a lot of information about the career opportunity. They are found to be perfectly selecting their goals and plan for their future career searching compared to the students with arrears. They were also found to have more problem solving skills. Career exploration behavior does not significantly differ between students without arrears and with arrears. It is indicated that having arrears does not affect career exploration behavior. Hence, the hypothesis 2 is accepted regarding Career SE and Career Confidence but rejected with reference to CE Behavior.

Day scholars and Hostellers significantly differ in their Career self-efficacy at .05 level. The hosteller undergraduate students are found to have more career self-efficacy than the day scholar undergraduate students. Career confidence does not significantly differ between hostellers and day scholars. It indicates that the nature of study was not able to affect the career confidence of the undergraduate students. Both hosteller and day scholar students tend to equally evaluate their own strength and weakness. Career exploration behavior significantly differs between hostellers

and day undergraduate student at .05 level. Hosteller undergraduate students are found to have more career exploration behavior than day scholars in the undergraduate college campus. The above table shows that hosteller undergraduate students have more career self-efficacy and confidence in job searching behaviour compared with day scholar undergraduate student. The Hosteller undergraduate students are found to have more behaviour related to intended-systematic exploration, environment exploration and self exploration. Hence, the hypothesis 3 has been accepted with regard to Career SE and CE Behavior but rejected in Career Confidence.

Career self-efficacy significantly differs between types of family of undergraduate students at .05 level. Undergraduate Students of nuclear family have more career self-efficacy than joint family undergraduate students. Career confidence does not significantly differ between types of family. It indicates that type of family was not able to affect career confidence of the undergraduate students. Nuclear family and joint family students are found to equally evaluate their strength and weakness. Career exploration behavior does not significantly differ between types of family. It indicates that type of family was not able to affect career exploration behavior of the undergraduate students. Further, the table has revealed that nuclear family and joint family students are found to have equal level of confidence in their job searching behaviour.

CONCLUSION

1. Female undergraduate students are higher in career self-efficacy, confidence and exploration behavior than male undergraduate students.
2. Undergraduate students without arrears are found to have more career self-efficacy and confidence than students with arrears.
3. The hosteller undergraduate students are found to have more career self-efficacy and exploration behavior than the day scholar undergraduate students.
4. Undergraduate Students of nuclear family have more career self-efficacy than joint family undergraduate students.

The results of this study have to be interpreted as well as generalized after taking the following limitations into due consideration.

1. This study depends on self-reported measures, which are susceptible to social desirability implying students may provide answers that they rather believe to be more politically correct, than indicating one's true attitudes and behaviours. Therefore, the influence of social desirability and personal perceptions must be taken into account when interpreting the results.
2. The sample consisted of undergraduate students from government and private colleges of Salem district of in Tamilnadu only. It may not be possible to generalize the results to all higher education institutions in India.
3. The wide range of Indian Higher Education Institution types, such as arts and science universities, community colleges, smaller public institutions and private institutions were not addressed in this study, therefore results cannot be applied to all types of colleges and universities.

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Conflict of Interests
The author declared no conflict of interests.

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Relationship between Psychiatric Disorder & Suicidal Attempt: A Personality Analysis

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ABSTRACT

Objectives: Suicide is considered as an essential psychological and social problem, there is a universal attempt to prevent it. The prevalence of contemplating suicide is 16% and suicide attempt is 4.4% during one's life. Inflexible personality traits play an important role in the development of maladaptive behaviors among patients who attempt suicide. This study was conducted to investigate the relationship between personality profiles and suicidal attempt. ***Materials and Methods*:** eighty patients taken from Noormanzil Psychiatric Clinic& Hospital, Lucknow, U.P. India. Out of 80, 40 participants attempted suicide and rest of 40 non suicidal groups. Fifty two patients were in door and twenty eight were out door patients taken in this study. Dimension Personality Inventory (DPI) was administered on all the included subjects ***Results:*** There was highly significant difference in the mean score ($p<0.05$) on 'activity – passivity', 'Enthusiastic- non enthusiastic', 'assertive- submissive 'dimension of DPI between suicidal and non suicidal group of psychiatric patients. ***Conclusion:*** The findings of our study show that 22.5% of suicide attempters have bipolar mood disorder at least one maladaptive personality traits.

Keywords: *DPI, Personality, suicide, Psychiatric disorder.*

Suicide is a tragic event with profound costs to society. An estimated 877,000 people lost their lives by suicide in 2002[1, 2]. Since suicide attempts are strong risk factors for future completed suicides [3,4] and a more common occurrence (4.6% percent of the general population attempt suicide at some point in their life[5,6]), they provide an important alternative method for clarifying suicide risk factors. Affective disorders, substance misuse, anxiety disorders, certain personality disorders, and psychotic disorders are all established risk factors for suicide attempts. [7, 8]Notably, bipolar affective disorder and schizophrenia have a 20 and 10 times increased risk

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of completed suicide, respectively.[11] When successful treatment of psychiatric disorders can be attained, a resulting decrease in the suicide rate is observed, suggesting that untreated psychiatric morbidity in itself is an indicator of increased suicide risk.[9] Co-morbidity of psychiatric disorders illustrates a summative effect on suicide risk[10,11] Finally, common factors such as childhood trauma, genetic factors, hopelessness, melancholia, irritability, pessimism, neuroticism, impulsivity, self-criticism, self-blame, no religious affiliation, poor social support and low levels of hydroxyindoleacetic acid in the cerebral spinal fluid have all held associations with suicide attempts.[1,12] Suicide is considered as an essential psychological and social problem, there is a universal attempt to prevent it. The prevalence of contemplating suicide is 16% [13] and suicide attempt is 4.4% [14] during one's life. The risk of death from suicide is 30–40 times more for the suicide attempters than normal population [15, 16]. Furthermore, the likelihood of death among patients with repetitive self-harm behaviors is 100 times more than general population. One suicide attempt per second and one death per 40 seconds due to suicide have been reported [17].

The studies show that committing suicide is a multifactor practice and there is no unique factor to prevent it[17]. A variety of biological, social, and personal predisposing factors are introduced as the risk factors for suicide [18]. Various psychiatric disorders have been proposed as the intervening factors in suicide attempts [15,19]. Given the fact that personality affects our emotional and behavioral patterns, it is assumed that personality profile can be employed to prevent the risk of attempts at suicide [20, 21]. Temperament traits may play an important role in the prediction of potential suicidal risk especially in patients with mood disorders as explained by Pompili et al. [22].Studies on the records of psychiatric patients with and without suicide attempt show that those who committed suicide possessed anger, aggression, anxiety, and depression personality profiles [23]. Based on a study, depressed patients with borderline personality traits were characteristically vulnerable and had familial generalized anxiety disorder in comparison with other groups [24]. Considering personality profiles may provide us with precise aspects of suicide attempts. The current study aims to explore the relationship between personality profiles and psychiatric patients with and without suicidal attempts using Dimension Personality Inventory (DPI) was administered on all the included subjects.

METHOD

Participants:

40 suicidal and 40 non suicidal psychiatric patients ranging between 20-50 years served as participants. Including participants categorized with suicidal (20 male & 20 female) and non suicidal (20 male & 20 female) they were hailed from Noormanzil Psychiatric Clinic & Hospital, Lucknow, and U.P. India. Dimension Personality Inventory (DPI) was administered on all the included subjects.

Tools:

Dimension personality inventory (DPI): It is constructed by Bhargava (2012**)** and deals with six dimensions by which ones personality can be evaluated. They are: 'Activity- passivity', 'enthusiastic-non enthusiastic', 'assertive-submissive', 'suspicious-trusting', 'depressive-non depressive' and 'emotional instability-emotional stability'. It is similarly applicable for normal as well as psychotic patients. Score 10 or more indicative of left sided dominated personality on that dimension and score less than 10 indicative of the other side of that dimension. For example if person scored 15 on the dimension 'activity-passivity', he/she is active.

Procedure:

Suicidal and non suicidal psychiatric patients selected for purposively from the indoor and outdoor ward of Noormanzil Psychiatric Clinic & Hospital, Lucknow, and U.P. India. Informed consent was taken from patients and their available relative, Interview conducted in a separate room associated with the ward to maintain confidentiality. Socio demographic detail filled before the interview with the help of patients, available relatives and with the help of case record file. Dimension Personality Inventory (DPI) was administered.

RESULT

Total of eighty participants (40 were suicidal and 40 were non suicidal) included in the study. Majority of the participants were male (70%). Mostly participants belong from urban and semi urban area. In this study 55% participants Hindu and only 7% participants were Christian. (Table-1)

Table-1, Socio-demographic characteristics of psychiatric patients with suicidal attempt and non suicidal attempt

Category	Demographic detail	Suicidal (N=40)		Non suicidal(N=40)	
Gender	Male	15	(37.5%)	28	(70%)
	Female	25	(62.5%)	12	(30%)
Domicile	Urban	15	(37.5%)	17	(42.5%)
	Semi urban	16	(40%)	14	(35%)
	Rural	9	(22.5%)	9	(22.5%)
Religion	Hindu	20	(50%)	22	(55%)
	Muslin	13	(32.5%)	9	(22.5%)
	Christian	7	(17.5%)	9	(22.5%)
Caregiver Relationship	Sibling	8	(20%)	12	(30%)
	Parents	18	(45%)	10	(25%)
	Spouse	14	(35%)	18	(45%)

Eighty participants took part in the study. Table shows that relationship between psychiatric disorder and suicidal attempts. Out of 80 participants 22.5% patients suffering with bipolar mood

disorder they commit suicide in various situation in the life and only 5% participants regarding bipolar mood disorder non suicidal group in the study. 5% participants suffering with personality disorder who commit suicide and the other hand 12.5% non suicidal personality disorder patients taken in this study. Table revealed a stronger relationship between suicide attempts and bipolar mood disorder. (Table-2)

Table-2, Shows psychiatric illness with and without suicidal attempt

Disorder	**Suicidal attempt group (N=40)**		**Non suicidal attempt group (N=40)**	
	N	**%**	**N**	**%**
Schizophrenia	6	15%	7	17.5%
Bipolar mood disorder	9	22.5%	2	5%
Anxiety	6	15%	7	17.5%
Major depression	8	20%	8	20%
Obsessive-Compulsive Disorder	4	10%	2	5%
Personality disorder	2	5%	5	12.5%
Substance- abuse mood Disorder	5	12.5%	9	22.5%

Figure-1 represents the percentage of suicidal and non suicidal psychiatric patients.

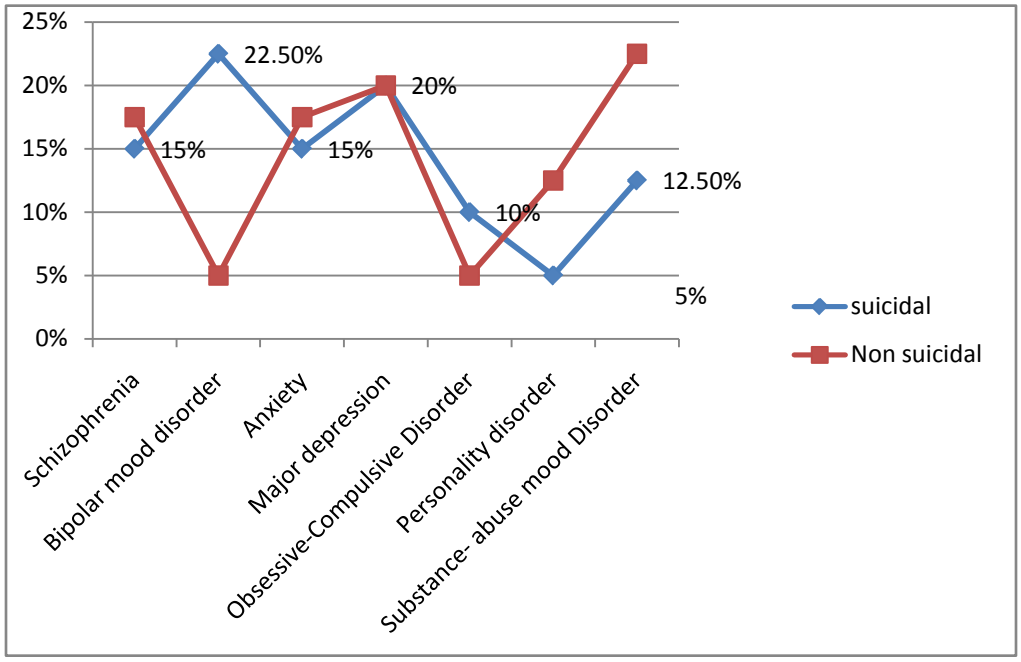

Figure-1 represents the bipolar mood disorder patients having higher rate of suicidal attempt in comparison to other psychiatric disorder. Personality disorder patients are very less suicidal in comparison to other.

Table-3 reveals that there was highly significant difference in the mean score ($p<0.05$) on 'activity –passivity', 'Enthusiastic- non enthusiastic 'assertive- submissive 'dimension of DPI between suicidal and non suicidal group of psychiatric patients. Rest of last three dimensions there was no significant difference was found. Mean score of suicidal participants was higher in comparison to non suicidal group which indicate that suicidal group was more active, enthusiastic assertive, suspicious, depressive and emotionally instable in comparison to non suicidal group.

Table-3, Comparison of personality of suicidal and non suicidal on Dimension Personality Inventory

DPI –B Dimensions		Group	N	Mean	S.D.	t- value
1	Activity- Passivity	Suicidal	40	15.72	3.35	4.41** Df=78
		Non suicidal	40	12.3	3.58	
2	Enthusiastic- Non enthusiastic	Suicidal	40	15.25	3.10	2.37* Df=78
		Non suicidal	40	13.52	3.41	
3	Assertive- Submissive	Suicidal	40	15.35	2.86	2.74** Df=78
		Non suicidal	40	13.07	4.41	
4	Suspicious- Trusting	Suicidal	40	14.37	3.49	1.22 Df=78
		Non suicidal	40	13.35	3.96	
5	Depressive-Non depressive	Suicidal	40	13.22	6.29	1.47 Df=78
		Non suicidal	40	14.85	3.05	
6	Emotional instability- Emotional stability	Suicidal	40	14.12	3.25	1.14 Df=78
		Non suicidal	40	13.25	3.55	

*Significant at $p<0.05$ level ** Significant at $p< 0.01$ level

Figure-2 Comparison of personality traits of suicidal and non suicidal psychiatric patients

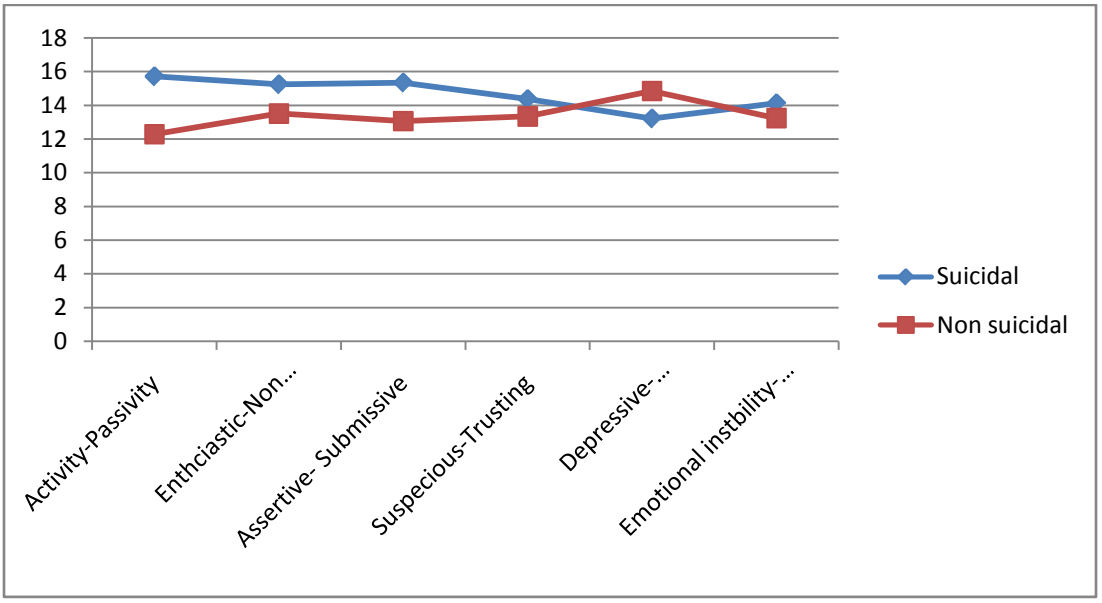

Figure-2 shows highly significant difference in the mean score ($p<0.05$) on 'activity –passivity', 'Enthusiastic- non enthusiastic', 'assertive- submissive 'dimension of DPI between suicidal and non suicidal group of psychiatric patients.

Table 4 indicate that there was significant difference in the mean score ($p<0.05$) on 'Activity-Passivity', 'Enthusiastic- Non enthusiastic', 'Assertive- Submissive' and 'Depressive-Non depressive' dimension of DPI between suicidal and non suicidal male psychiatric patients. There was no significant difference was found in' Suspicious- Trusting' and 'Emotional instability-Emotional stability' dimension of personality. On the basis of mean score it was say that suicidal male are very suspicious in comparison to non suicidal male.

Table- 5 reveal that there was significant difference in the mean score ($p<0.05$) on 'Activity-Passivity', and 'Depressive-Non depressive' dimension of DPI between suicidal and non suicidal female psychiatric patients and in the rest of four dimension there was no significant difference was found.

Table-4: Comparison of personality of suicidal male and non suicidal male on Dimension Personality Inventory

DPI –B Dimensions		Group	N	Mean	S.D.	t- value
1	Activity- Passivity	Suicidal male	20	15.4	3.15	3.98** Df=38
		Non suicidal male	20	11.2	3.51	
2	Enthusiastic- Non enthusiastic	Suicidal male	20	14.65	2.77	2.10* Df=38
		Non suicidal male	20	12.55	3.51	
3	Assertive- Submissive	Suicidal male	20	15.05	2.79	2.93* Df=38
		Non suicidal male	20	11.65	4.30	
4	Suspicious- Trusting	Suicidal male	20	15.1	2.91	0.25 Df=38
		Non suicidal male	20	14.85	3.24	
5	Depressive-Non depressive	Suicidal male	20	16.65	4.47	2.19* Df=38
		Non suicidal male	20	13.75	3.87	
6	Emotional instability- Emotional stability	Suicidal male	20	14.1	2.55	1.07 Df=38
		Non suicidal male	20	13.1	3.29	

*Significant at $p<0.05$ level ** Significant at $p< 0.01$ level

Table-5: Comparison of personality of suicidal and non suicidal on Dimension Personality Inventory

DPI –B Dimensions		Group	N	Mean	S.D.	t- value
1	Activity- Passivity	Suicidal female	20	16.35	3.29	2.28** Df=38
		Non suicidal female	20	13.4	3.37	
2	Enthusiastic- Non enthusiastic	Suicidal female	20	15.85	3.36	1.32 Df=38
		Non suicidal female	20	14.5	3.08	
3	Assertive- Submissive	Suicidal female	20	15.65	2.97	1.01 Df=38
		Non suicidal female	20	14.5	4.13	
4	Suspicious- Trusting	Suicidal female	20	13.35	3.88	1.18 Df=38
		Non suicidal female	20	11.85	4.12	
5	Depressive-Non depressive	Suicidal female	20	10.45	5.75	3.03** Df=38
		Non suicidal female	20	14.95	3.31	
6	Emotional instability-Emotional stability	Suicidal female	20	13.65	4.27	0.19 Df=38
		Non suicidal female	20	13.4	3.87	

*Significant at p<0.05 level ** Significant at p< 0.01 level

DISCUSSION

The study was conducted to explore the difference of personality between suicidal and non suicidal psychiatric patients admitted and came to the psychiatric hospital on the OPD basis. The result show that there was highly significant difference in the mean score (p<0.05) on 'activity – passivity', 'Enthusiastic- non enthusiastic', 'assertive- submissive 'dimension of DPI between suicidal and non suicidal group of psychiatric patients.(Table-3). The findings of our study show that 22.5% of suicide attempters have bipolar mood disorder at least one maladaptive personality traits. (Table-2) In a similar vein, as the study performed by Cavanagh and colleagues showed that more than 90% of patients who died because of suicide suffered from psychological disorder [25]

According to the results, the 'male suicide attempters' mean scores were higher than no attempters in all six dimension of personality, which indicate that at least three negative personality traits having in their personality i.e. male suicidal attempters are more suspicious, depressed and emotionally instable in comparison to non attempters. (Table-4) It is in agreement with the study in which the majority of suicide attempters had maladaptive personality profiles [26]. Neuroticism is the first and the most influential factor in the personality profile [22].

CONCLUSION

There was highly significant difference in the mean score (p<0.05) on 'activity –passivity', 'Enthusiastic- non enthusiastic', 'assertive- submissive 'dimension of DPI between suicidal and non suicidal group of psychiatric patients

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